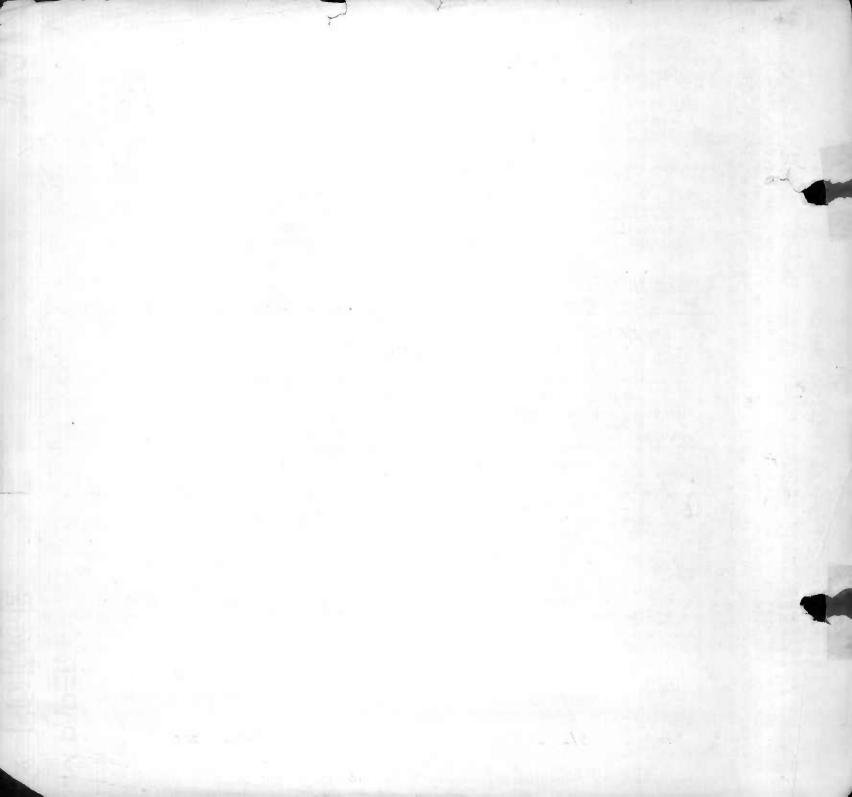
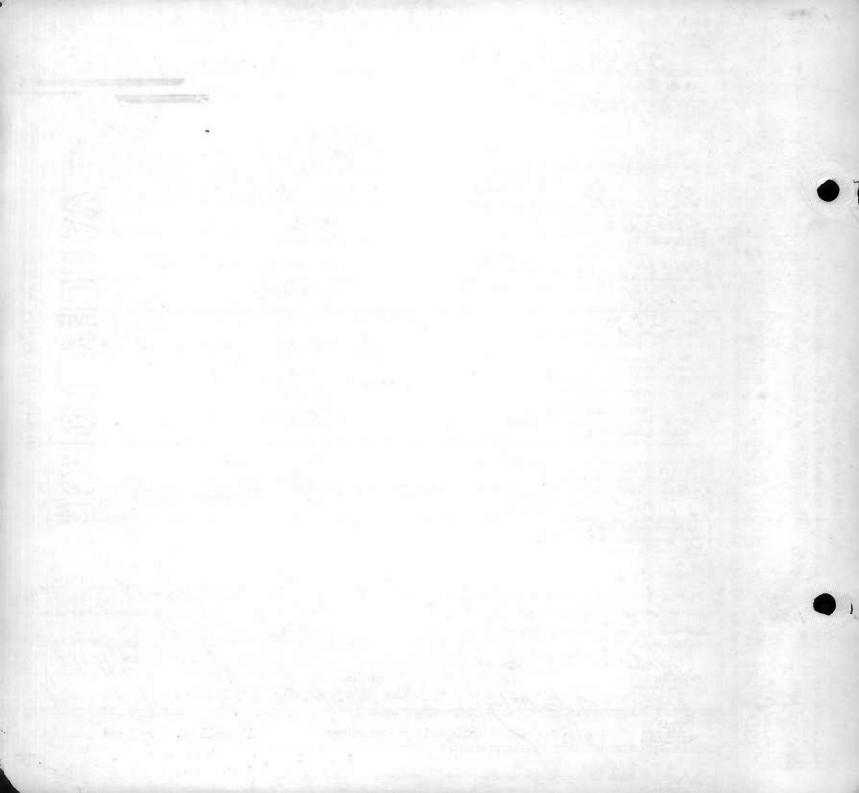


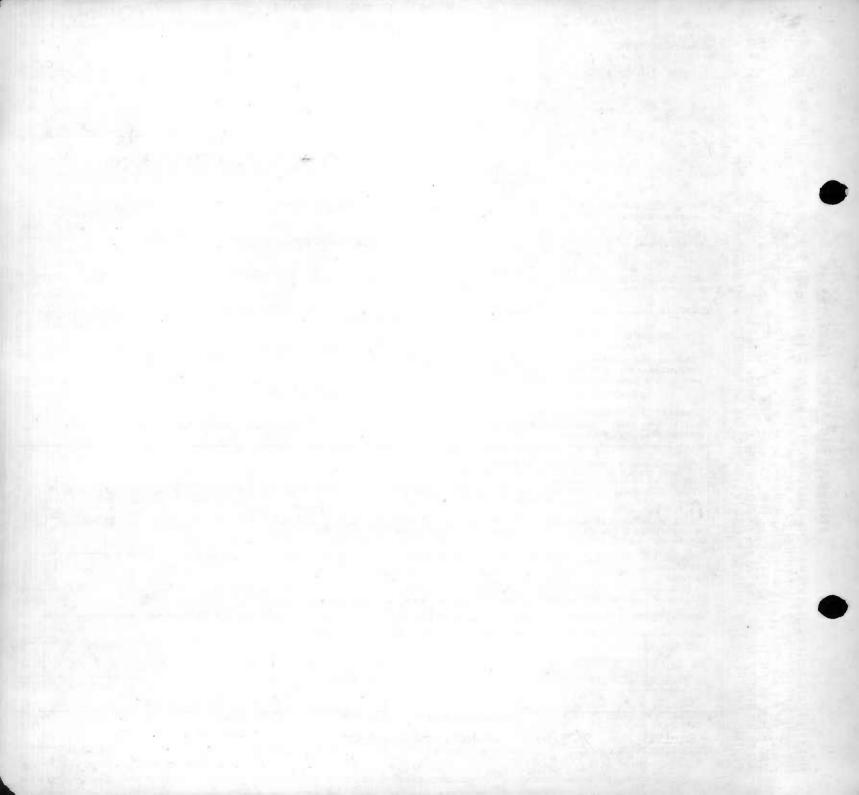
IMPORTANT

DIRECTOR:

FUNERAL



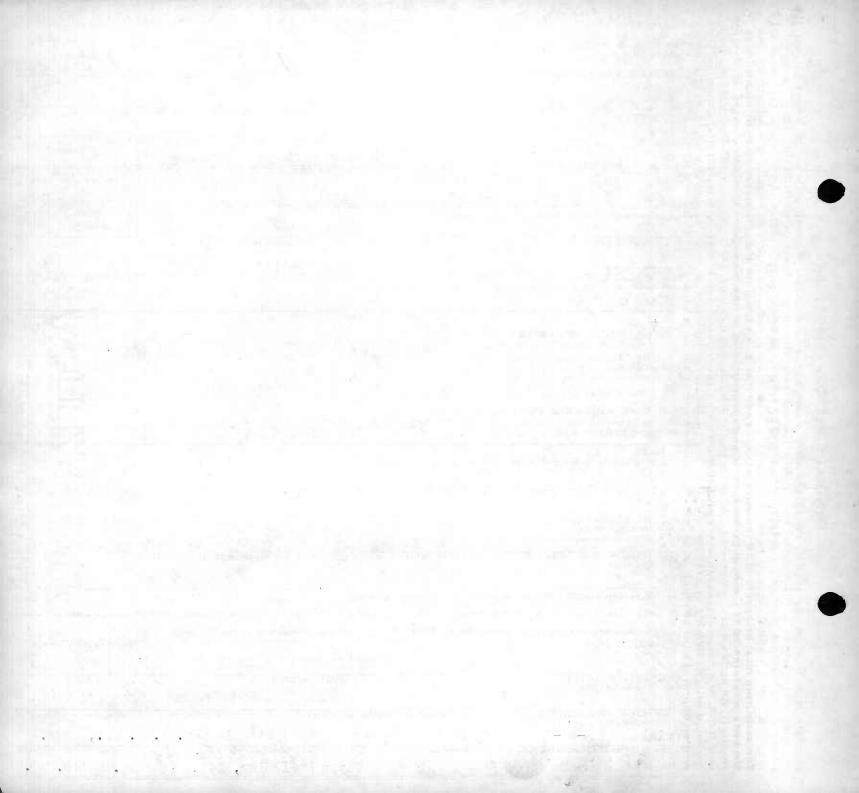




	00	19505		ERTIFICA"	TE OF D	EATH	Registered I	No	66 09505
HRTH NO	0.		_						
	OF DECEASED					2. DATE A	ND HOUR OF DEA	ATH,	- 70 -
Type or	Printl Will	iam Cale	b Scott				9-17-6	6	13= F
. PLAC	E OF DEATH IN	BALTIMORE, MAI	RYLAND		4. USUAL RESI	B. COU	ere deceased lived.		ion: residence before adn
FULL	NAME OF	Il not in hospital e	or institution, give stree	t	KN	nav	Vlan	4	
HOSPI	ITAL OR	address or location	1)				utside city limits, w	rite RURA	L ond give township)
-	OI		orges Roa		Boo		nore		21-1
0	В	artimore	, Marylan	a 21210	D. STREET ADI	ORESS (I	f rurol, give location		D
					- 3			100	
		HITE	7. MARRIED, NEVER WIDOWED, DIVOR	CED (specify)	Nov 11, 1	873	9. AGE (In years last birthdoy)	Mo	Under Yr. If Under :
	ng mast of working I		10B. KIND OF BUSINES		11. BIRTHPLACI		eign country)	12.	CITIZEN OF WHAT COUNTRY?
RETR	4.4	TURER_	MARYLANDBISC	DIT CU	MARY	CURN			V.S.A.
	IER'S NAME				14. MOTHER'S		/		
EL	UJAH CO	ULBOURN	SCOTT		MARY	TILG	HMAN		
5. Wos	Deceased Ever in	U. S. Armed Fore	es? 16. SOC		17. INFORMAN			0	ADDRESS
A/	O O O O O O	, give war ar date	SEC SEC	URITY NO.	JOHN M. S.	2017	8 LOVE WOOD	P.	BALTIMORE IL
18.	1.10 X	1	46-0	CAUSE OF	DEATH				INTERVAL BETWEE
	DISEASE OR	CONDITION DIR	ECTLY						ONSET AND DEA
.=		NG TO DEATH		(A) Chro	nic Pye	loner	hritis		2
(This									
heor		a, etc. It means	the disease,	DUE TO		•			6
heor	rt foilure, ostheni ry or complicatio ANTEC EASES OR CO		the disease, deoth.)	(B) Urem	ia		: Hyperpl	asia.	l Week
DISE UNI	rt foilure, osthenity or complication  ANTEC  EASES OR CO  to the above  DERLYING CON  HER SIGNIFICANT	a, etc. II means n which coused EDENT CAUSES NDITIONS, if the couse (A) DITION last.	the disease, deoth.)  any, giving stoting the	(B) Urem	ia		######################################	asia.	_
DISE rise UNI	rt foilure, osthening or complication  ANTEC  EASES OR CO  to the above  DERLYING CON  HER SIGNIFICANT  THE DEATH	a, etc. II means n which coused EDENT CAUSES NDITIONS, if re couse (A) DITION last.	the disease, deoth.)  any, giving stoting the  ONTRIBUTING TED TO THE	(B) Urem	da gn Pros	statio	: Hyperpl	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	8 Years
DISE UNI OTH TO DISI	rt foilure, osthening or complication  ANTEC  EASES OR CO  to the above  DERLYING CON  HER SIGNIFICANT  THE DEATH	a, etc. II means n which coused EDENT CAUSES NDITIONS, if recouse (A) DITION last.	the disease, deoth.)  any, giving stoling the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH C	(B) Urem DUE TO (C) Beni	da gn Pros	statio	: Hyperpl	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	_
DISE TO DISE T	rt foilure, osthenity or complication  ANTEC  EASES OR CO  to the above  DERLYING CON  HER SIGNIFICANT  THE DEATH  EASE OR CONDI	a, etc. II means n which coused EDENT CAUSES NDITIONS, if the couse (A) DITION last.  CONDITIONS C BUT NOT RELATION CAUSING TION 198. CON WAS PERFORMAS OF CAUSE OF	the disease, deoth.)  any, giving stoling the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED	(B) Urem DUE TO (C) Beni	gn Pros	SY? (Yes or N	Hyperpl	ERE FINDI	8 Years
Peor injur	ANTEC  EASES OR CO  TO THE GROWN  THE DEATH  EASE OR CONDITION  THE DEATH  EASE OR CONDITION  THE DEATH  CONTRIBUTING  THE (Month)	a, etc. II means n which coused EDENT CAUSES NDITIONS, if re couse (A) DITION tast.  CONDITIONS C BOOK TO THE COURS OF THE COURS OF THE CAUSE OF THE	the disease, deoth.)  any, giving stoling the  ONTRIBUTING TO THE T	(B) Urem DUE TO (C) Beni OPERATION OF INJURY (e.g., in foctory, street, offi	gn Pros	SY? (Yes or N	Hyperpl	ERE FINDI	8 Years
DISSE TISSE UNITED TO THE TO T	ANTEC  EASES OR CO  10 the above DERLYING CON  HER SIGNIFICANT THE DEATH EASE OR CONDI DATE OF OPERA  ACCIDENT WA CONTRIBUTING TH (natify medica	a, etc. II means n which coused EDENT CAUSES NDITIONS, if re couse (A) DITION last.  CONDITIONS C BOTTON NOT RELATION CAUSING IT TION 198. CON WAS PERFORMED CAUSE OF	the disease, deoth.)  any, giving stoling the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED  21B. PLACE home, larm, etc.)	(B) Urem DUE TO (C) Beni OPERATION OF INJURY (e.g., in foctory, street, offi	gn Pros	SY? (Yes or N	Hyperpl  O 208 IF YES, W IN CERTIFYING	ERE FINDI	8 Years
MEDICAL CERTIFICATION  PROPERTY OF THE CONTROL OF T	ANTECE  EASES OR CO  10 the above DERLYING CON  HER SIGNIFICANT THE DEATH EASE OR CONDI DATE OF OPERA  ACCIDENT WA CONTRIBUTING THE (Month NJURY PROX.)	a, etc. II means n which coused EDENT CAUSES NDITIONS, if we couse (A) DITION last.  CONDITIONS C BUT NOT REATON CAUSING ITON 198. CON WAS PERFORMED CAUSE OF CAUSE OF CAUSE OF	the disease, deoth.)  any, giving stoling the  ONTRIBUTING TO THE T.  DITION FOR WHICH CORMED  218 PLACE (home, lorm, etc.)  (Hour) 21E INJURY While At Work	(B) Urem DUE TO (C) Beni OPERATION OF INJURY (e.g., in foctory, street, offi	gn Pros	SY? (Yes or h	Hyperpl  208. IF YES, W IN CERTIFYING  (If in Bolt	ERE FINDI CAUSES	NGS CONSIDERED OF DEATH?
NOISE UNI OTH TO STAND OF 1 (APP 22.	ANTECE  EASES OR CO  10 the above DERLYING CON  HER SIGNIFICANT THE DEATH EASE OR CONDI DATE OF OPERA  ACCIDENT WA CONTRIBUTING THE (Month NJURY PROX.)  I certify that (I	a, etc. II means n which coused EDENT CAUSES NDITIONS, if we couse (A) DITION last.  CONDITIONS C BUT NOT REA TOO CAUSING IT NOT REA TOO CAUSING IT TION 198. CON WAS PERFORMED CAUSE OF CAUSE O	the disease, deoth.)  any, giving stoling the  ONTRIBUTING TE TO THE T.  DITION FOR WHICH CORMED  218 PLACE (home, lorm, etc.)  (Hour) 21E INJURY While At Work  ) attended the december of th	(B) Urem DUE TO (C) Beni OPERATION OF INJURY (e.g., in foctory, street, offi At Work osed from	gn Pros	SY? (Yes or M	Hyperpl  208. IF YES, W IN CERTIFYING  (If in Bolt  JURY OCCUR?	ERE FINDI CAUSES imore City	8 Years INGS CONSIDERED OF DEATH?  y. give exact lacotion)
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  OTH TO DIST 19A. 21A. 21A. 21A. 21A. 21A. 21A. 21A. 21	ANTECI EASES OR CO to the above DERLYING CON HER SIGNIFICANT THE DEATH EASE OR CONDI DATE OF OPERA ACCIDENT WA: CONTRIBUTING THE (Month NJURY PROX.)  I certify that (I	a, etc. II means n which coused EDENT CAUSES NDITIONS, if we couse (A) DITION last.  CONDITIONS C BUT NOT RELATION CAUSING I'TION 198. CON WAS PERFORMATION (Day) (Year)  (a) (Day) (Year)  (b) (this hospital aw the decease	ontributing stoling the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED  218. PLACE (home, lorm, etc.)  (Hour) 21E. INJURY While At Work  ) attended the deceded olive on SOD.	(B) Urem DUE TO (C) Beni OPERATION OF INJURY (e.g., in foctory, street, offi	gn Pros	SY? (Yes or h	Hyperpl  208. If YES, W IN CERTIFYING  (If in Bolt  11 58 ta Se hot in (my) (our)	ERE FINDI CAUSES imore City	NGS CONSIDERED OF DEATH?
DISE rise UNI TO DISE	ANTECI EASES OR CO to the above DERLYING CON HER SIGNIFICANT THE DEATH EASE OR CONDI DATE OF OPERA ACCIDENT WA: CONTRIBUTING THE (Month NJURY PROX.)  I certify that (I	a, etc. II means n which coused EDENT CAUSES NDITIONS, if we couse (A) DITION last.  CONDITIONS C BUT NOT RELATION CAUSING I'TION 198. CON WAS PERFORMATION (Day) (Year)  (a) (Day) (Year)  (b) (this hospital aw the decease	the disease, deoth.)  any, giving stoling the  ONTRIBUTING TE TO THE T.  DITION FOR WHICH CORMED  218 PLACE (home, lorm, etc.)  (Hour) 21E INJURY While At Work  ) attended the december of th	(B) Urem DUE TO (C) Beni OPERATION OF INJURY (e.g., in foctory, street, offi At Work Osed from t. 17	gn Pros	SY? (Yes or h	Hyperpl  208. If YES, W IN CERTIFYING  (If in Bolt  11 58 ta Se hot in (my) (our)	ERE FINDI CAUSES imore City	8 Years INGS CONSIDERED OF DEATH?  y. give exact lacotion)
DISE rise UNI TO DISE	ANTECI EASES OR CO to the abov DERLYING CON HER SIGNIFICANT THE DEATH EASE OR CONDI DATE OF OPERA  ACCIDENT WA: CONTRIBUTING TH (notify medico) TIME (Month NJURY PROX.)  I certify that (I	a, etc. II means n which coused EDENT CAUSES NDITIONS, if we couse (A) DITION last.  CONDITIONS C BUT NOT RELATION CAUSING I'TION 198. CON WAS PERFORMATION (Day) (Year)  (a) (Day) (Year)  (b) (this hospital aw the decease	ontributing stoling the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED  218. PLACE (home, lorm, etc.)  (Hour) 21E. INJURY While At Work  ) attended the deceded olive on SOD.	(B) Urem DUE TO (C) Beni OPERATION OF INJURY (e.g., in foctory, street, offi At Work Osed from t. 17	gn Pros	SY? (Yes or No Cour?)  OW DID IN Course and the other death	Hyperpl  10) 208. IF YES, W IN CERTIFFING  (If in Bolt  IJURY OCCUR?  19 .58 .ta .Se hot in(my) (our)	ERE FINDI CAUSES imore City	NOS CONSIDERED OF DEATH?  y, give exact lacotion)  abor 17 19 a death occurred on the
DISE rise UNI TO	ANTECI EASES OR CO to the abov DERLYING CON THE SIGNIFICANT THE DEATH EASE OR CONDI DATE OF OPERA  ACCIDENT WA: CONTRIBUTING THE NJURY PROX.)  I certify that (I (I) (wer lest s hour and from SIGNATURE	a, etc. II means n which coused EDENT CAUSES NDITIONS, if we couse (A) DITION last.  CONDITIONS C BUT NOT RELATION CAUSING I'TION 198. CON WAS PERFORMATION (Day) (Year)  (a) (Day) (Year)  (b) (this hospital aw the decease	ontributing stoling the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED  218. PLACE (home, lorm, etc.)  (Hour) 21E. INJURY While At Work  ) attended the deceded olive on SOD.	(B) Urem DUE TO (C) Beni  OPERATION  OF INJURY (e.g., in foctory, street, offi At Work  osed from t. 17  did) (did not) vi	gn Pros	SY? (Yes or h	Hyperpl  208. If YES, W IN CERTIFYING  (If in Bolt  JURY OCCUR?  19. 58. to Se hot in (my) (our)	ERE FINDI CAUSES imore City	NINGS CONSIDERED OF DEATH?  y. give exact lacohan)
DISE rise UNI TO	ANTECI EASES OR CO to the above DERLYING CON HER SIGNIFICANT THE DEATH EASE OR CONDID DATE OF OPERA  ACCIDENT WA CONTRIBUTING TH (notify medical TIME (Month INJURY) PROX.)  I certify that (I	a, etc. II means n which coused EDENT CAUSES NDITIONS, if we couse (A) DITION last.  CONDITIONS C BUT NOT RELATION CAUSING I'TION 198. CON WAS PERFORMATION (Day) (Year)  (b) (Day) (Year)  (c) (Day) (Year)	ontributing stoling the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED  218. PLACE (home, lorm, etc.)  (Hour) 21E. INJURY While At Work  ) attended the deceded olive on SOD.	(B) Urem DUE TO (C) Beni  OPERATION  OF INJURY (e.g., in foctory, street, offi At Work  osed from t. 17.  did) (did not) vi	20A. AUTOPNO or obout 21C. Wice bldg., INJUR 21F. H October 19 66 ew the body of	SY? (Yes or No Where DID Y OCCUR?  OW DID IN the state of	Hyperpl  208. IF YES, W IN CERTIFYING  (If in Bolt  IJURY OCCUR?  19 58 to Se hot in(my) (our)	ere FINDI CAUSES imore City	NOS CONSIDERED OF DEATH?  y. give exact lacotion)  Aber 17 19 I death occurred on the control of
NEDICAL CRETIFICATION OF INC. CALL CALL CALL CALL CALL CALL CALL CA	ANTECI EASES OR CO TO THE OBOND  THER SIGNIFICANT THE DEATH EASE OR CONDI  DATE OF OPERA  ACCIDENT WA CONTRIBUTING THE INJURY PROX.)  I certify that (I (I) (was st s hour and from PHYSICIAN'S NAME (Type)	a, etc. II means n which coused EDENT CAUSES NDITIONS, if we couse (A) DITION last.  II CONDITIONS CAUSING IT TO THE COUSE OF THE COUSES STATE OF THE COUSE OF THE COUSES STATE OF THE COUSES STATE OF THE COUSES STATE OF THE COUSE OF TH	the disease, deoth.)  any, giving stoling the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED  218 PLACE (home, lorm, etc.)  (Hour) 21E INJURY While At Work  ) attended the deced dolive on SOD ed above. (IV (We))	(B) Urem DUE TO (C) Beni  OPERATION  OF INJURY (e.g., in foctory, street, offi At Work  osed from t. 17.  did) (did not) vi	20A. AUTOPNO or obout 21C. Wice bldg., INJUR 21F. H October 19 66 ew the body of	SY? (Yes or how there DID y OCCUR?  OW DID IN Differ death Office Cor Director Direc	Hyperpl  208. IF YES, W IN CERTIFYING  (If in Bolt  IJURY OCCUR?  19 58 to Se hot in(my) (our)	ere FINDI CAUSES imore City  ptem opinion 238. S	8 Years  INGS CONSIDERED OF DEATH?  y, give exact locofion)  Abor 17 19 I death occurred on the control of the
NOISE TISE UNI DISE UNI	ANTECI EASES OR CO TO THE OBON THE SIGNIFICANT THE DEATH EASE OR CONDI DATE OF OPERA  ACCIDENT WA CONTRIBUTING THE (Month INJURY PROX.)  I certify that (I (I) (which is to show and from PHYSICIAN'S NAME (Type)  RIAL CREMATION MOVAL (Specily)	a, etc. II means n which coused EDENT CAUSES NDITIONS, if re couse (A) DITION last.  II CONDITIONS CAUSING TO THE CAUSING IT TION 198. CON WAS PERFORMED TO CAUSING TO CAUSE OF TOTAL TO CAUSE O	the disease, deoth.)  any, giving stoling the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED  21B. PLACE home, larm, etc.)  (Haur) 21E. INJURY While At Work  attended the deceded olive on Sep. ed above. (I) (We) (We) (We) (We) (We) (We) (We) (We	(B) Urem DUE TO (C) Beni  OPERATION  OF INJURY (e.g., in foctory, street, offi At Work  osed from t. 17.  did) (did not) vi  ch. Atterphys.  Atterphys.  CEMETERY of CREA	20A. AUTOPNO ar obout 21C. Wice bldg., INJUR 21F. H October 19 66 ew the body of the body	SY? (Yes or No Where DID Y OCCUR?  OW DID IN Occupant of the death of	Hyperpl  O 208, IF YES, W IN CERTIFYING  (If in Bolt  IJURY OCCUR?  19 58 to Se hot in(my) (our)  Stoff Phys.   Ave , Bs LOCATION	eptem opinion 238. S (City, to	8 Years  INGS CONSIDERED OF DEATH?  y, give exact lacotion)  Abor 17 19 A death occurred on the signed septi7, 196  Nown, or county)
NEDICAL CALL AND THE TOTAL AND	ANTECI EASES OR CO TO THE OBOND  THER SIGNIFICANT THE DEATH EASE OR CONDI  DATE OF OPERA  ACCIDENT WA CONTRIBUTING THE INJURY PROX.)  I certify that (I (I) (was st s hour and from PHYSICIAN'S NAME (Type)	a, etc. II means n which coused EDENT CAUSES NDITIONS, if re couse (A) DITION last.  II CONDITIONS CAUSING I TION 198. CON WAS PERFORM CAUSING I TION 198. CON WAS PERFORM (Day) (Year)  I) (this hospital aw the deceose the couses state 19/19/6.	the disease, deoth.)  any, giving stoling the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED  21B. PLACE home, larm, etc.)  (Haur) 21E. INJURY While At Work  attended the deceded olive on Sep. ed above. (I) (We) (We) (We) (We) (We) (We) (We) (We	OPERATION  OF INJURY (e.g., in foctory, street, offi  OCCURRED  No. Atterphys.  Attention of the control of the	gn Pros	SY? (Yes or Not there DID Y OCCUR?  OW DID IN the death of the death o	Hyperpl  208 IF YES, W IN CERTIFFING  (If in Bolt  JURY OCCUR?  19 58 to Se hot in (my) (our)  Stoff Phys.   Ave., Ba LOCATION ikesville,	eptem opinion 238. S (City, to	NOS CONSIDERED OF DEATH?  OF DEATH.  OF DEAT
NEDICAL CALL AND THE TOTAL AND	ANTECI EASES OR CO to the above DERLYING CON HER SIGNIFICANT THE DEATH EASE OR CONDI DATE OF OPERA  ACCIDENT WAS CONTRIBUTING TH (notify medical T	a, etc. II means n which coused EDENT CAUSES NDITIONS, if re couse (A) DITION last.  II CONDITIONS CAUSING I TION 198. CON WAS PERFORM CAUSING I TION 198. CON WAS PERFORM (Day) (Year)  I) (this hospital aw the deceose the couses state 19/19/6.	contributing stoling the disease, deoth.)  ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED  21B. PLACE home, larm, etc.)  (Hour) 21E. INJURY While At Work  ) attended the deceded olive on SOD ed above. (I/ (WE))  Heliric  24C. NAME of Company of REGIS:	OPERATION  OF INJURY (e.g., in foctory, street, offi  OCCURRED  No. Atterphys.  Attention of the control of the	20A. AUTOPNO ar obout 21C. Wice bldg., INJUR 21F. H October 19 66 ew the body of the body	SY? (Yes or Not there DID Y OCCUR?  OW DID IN the death of the death o	Hyperpl  10) 208 IF YES, W IN CERTIFFING  (If in Bolt  IJURY OCCUR?  19 .58 to Se hot in(my) (our)  Stoff Phys.   Ave., Ba LOCATION ikesville,	eptem opinion 238 S (City, to	NGS CONSIDERED OF DEATH?  y. give exact locotion)  A DATE SIGNED Sept17, 196  Days, or county)  aryland

Rest Pull Couldn't Low taxfoll rule services o maintain o malla w

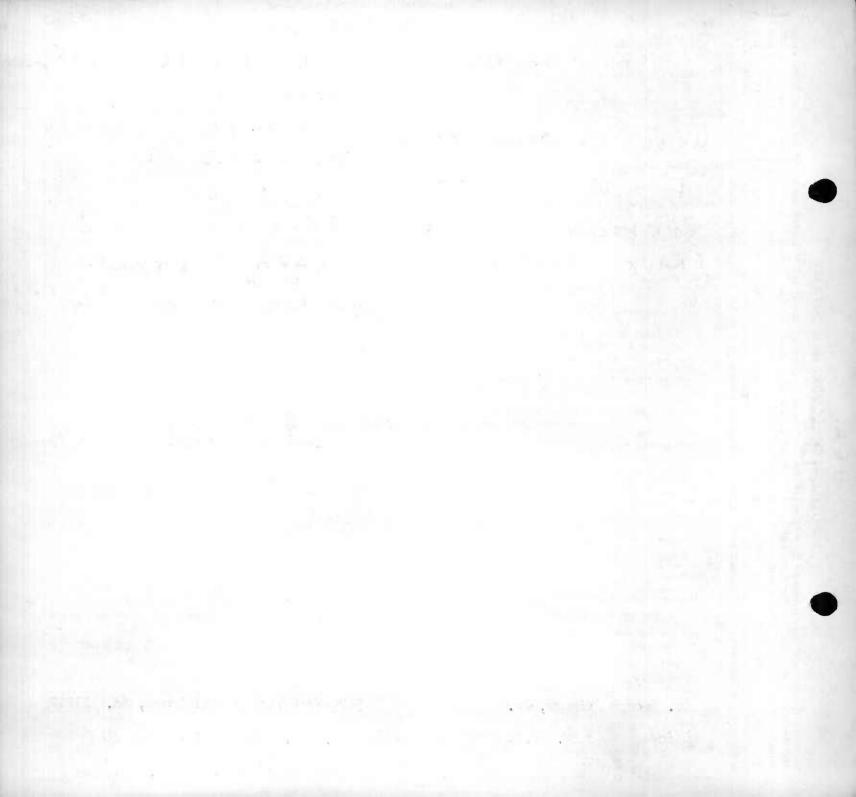
	66 0950	BALTIMORE CI	TY HEALTH DEPARTMENT		CC DOSOC
BIRTH NO.	00 0330	CERTIFIC	ATE OF DEATH	Registered N	66 09506
M.E. CASE NO	O. DECEASED		2. DATE AN	ND HOUR OF DEAT	TH
(Type or Print)	MARY M	1,000	176	T 66	135
3. PLACE OF	DEATH IN BALTIMORE, MA	ARYLAND	14. USUAL RESIDENCE (Who	ne deceased lived. I	f institution: residence before admissio
			A. STATE B. COUN	V TY	1 0000
FULL NAM		or institution, give street	MNAGLANI	9	3 = 6
HOSPITAL	OR oddress or tocotic	(n)			te RURAL ond give township)
1	MIRAY LAND	E MD	BULTIMORE		
1	BALTIMOR	= M2		rurol, give locotion)	
U	1)11011111010	e ///	LAKE DRIVE	- NURSIA	16/tome
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Ho Months: Doys Hours Min.
1-	W	Single Single	4-29-87	lost birthdoyl	Months Doys Hours Min.
IOA. USUAL O	CCUPATION (Give kind of wor	10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF
done during mo:	st of working life, even if retired)	The state of the s			WHAT COUNTRY?
			MARGER	- (	11514
3. FATHER'S	NAME		14. MOTHERS MAIDEN NA	ME	
11.	Vand		A 2020 A 7 3		
15. Was Decar	nry Meyd	rces? 1 6. SOCIAL	Anna Aymold		ADDRESS
Yes, no or unkn	own) (If yes, give wor or dot	es of service) SECURITY NO.	THE PORTUGATOR		ADDRESS
1B.	70,51	CAUSE	OF DEATH		INTERVAL BETWEEN
- North	EASE OR CONDITION DI	RECTLY	1 -	. 1 4	ONSET AND DEATH
	LEADING TO DEATH	1	YSAIRALION OF	Vorules	a landrelle
(This doe	es nat mean the made al	dying, e.g., DUE TO			The state of the s
	ure, asthenia, etc. It means camplication which caused	s the disease,	Aspiration of most Bower	11 -	
III/OIY GI		(P)	most Dowe	- 0651	
	ANTECEDENT CAUSES		1 0 0 1	1	
	S OR CONDITIONS, if		ironic Welet	"to	
	The above cause (A)	stating the	carac jacoust		
		(171-	1 Dely Mario	И	as all the second of the second
Z OTHER S	II	CONTRIBUTING	9		
≥ TO THE	GNIFICANT CONDITIONS ( DEATH BUT NOT REL	ATED TO THE			
1	OR CONDITION CAUSING	IT.	20A. AUTOPSY? (Yes or No	N 008 18 850	
THE O		REFORMED	ZUA. AUTOPST? (Tes of No		RE FINDINGS CONSIDERED CAUSES OF DEATH?
112					
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	(If in Boltin	nore City, give exact location)
	otify medical examined	etc. VAKE In Nur		- 1001/	RAING HOME
21 D. TIME	(Month) (Doy) (Year)		21F. HOW DID INJ		right our
2 01 11130K		While At Not W	'hile	1	//
(APPROX.)	Sept 16 66	9 Dr Work L At Wo	160 Se of PARIET	Ly Kol	/
22. 1 cer	tify that (1) (this hospita	1) oftended the deceased from	16 5001	19 66 to	17 10 19 66
thot (1) (	well lost sow the deceos	ed olive on 17 fent	//	not in (my) (ant)	ppinion death occurred on the de
		, ,		or many, aport c	primari decine on the de
		nted obove. (1) (We) (did) (did not	) view the body ofter deoth.		
23A. SIGN	ATURE 1 00	1-1/			23B. DATE SIGNED
/	Michael 15	M.D. A	Attending Med. Thys. Director	Stoff Phys.	1261161
23C. PHYS			23D. ADDRESS	2/	0
NAM	E (Type)	M. M.	Mun lu	11 (1111-	0 Honos
	MICHAELD	1 Man	10 -01) 2 0001	Juna	(10 X)
24A. BURIAL REMOVA	CREMATION, 248. DATE	24C. NAME of CEMETERY of	CREMATORY 24D. L	OCATION	(City, town, or countyl (Stote)
Buri	2 2 20 6	6 Holy Cross Ceme	etery Ri	tchie Hww.	A. A. Co., Md.
		25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	11 97	ADDRESS
	SEP 20 1966	DO ROTO	- (Asul.	1 , Jano	ng
	1000	Walsey J. C. Marker H.	Flynn & Flemi	ng, 1422 L	ight St. Balto. Md.
/S 150-REV. 1	/1/65	2 2 2 2 4 /	7 43 577 3 65		



	66 09507	BALTIMOR	RE CITY HEALTH DEPARTMENT	66 09507
BIRTH NO.	00 00001	CERTIF	ICATE OF DEATH Register	ed Na.
M.E. CASE NO.	TEASED		2, DATE AND HOUR OF	DEATH
(Type or Print)		EMAN FRANCIS	9-19-66	9:15 PM
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND or institution, give sheet	4. USUAL RESIDENCE (Where deceased li A. STATE B. CDUNTY MARYLAND	ived. It institution; residence before admission)
HDSPITAL DR	oddiess or location	1)		ts, write RURAL and give township)
	ES HOSPITAL ND WILKENS		PASADENA D. STREET ADDRESS (If rurol, give loc	otion)
	RE, MARYLAN		110 APPEAN WAY	
5. SEX	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe		eors If Under 1 Yi. If Under 24 His. Months Doys Hours Min.
	working life, even if retired)	NONE	DUSTRY 11. BIRTHPLACE (State or foreign country)  MARYLAND	12. CITIZEN OF WHAT COUNTRY?  USA
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME	
JOHN S	MITH		MARY SMITH	
Yes, no oi unknow	d Ever in U. S. Armed Form (If yes, give wor or dote	s of service) SECURITY NO		ADDRESS
NO			6639 HOSPITAL SLIP -ST	
18.56	/ ST		AUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	RECILT	Mente ne tentis	1-2 den
	nat mean the made of asthenia, etc. It means		10	
	mplication which coused		P. I. Dipiete: and	t. 1 1-2 de
	ANTECEDENT CAUSES	(B)	Te force justing pene	miles - mys
rise to th	OR CONDITIONS, if the abave cause (A) G CONDITION last.		STraplt Ken	- ( Portoy 4 days
E TO THE D	II  IIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO THE		
		DITION FOR WHICH OPERATIO	N 20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY	S, WERE FINDINGS CONSIDERED TING CAUSES OF DEATH?
_, OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	218. PLACE OF INJUR home, form, foctory, s	RY (e.g., in or obout 21 C. WHERE DID (If in street, office bldg., INJURY OCCUR?	Boltimore City, give exact location)
21 D. TIME OF INJURY (APPRDX.)	(Month) (Doy) (Year)	While At N	RED 21F. HOW DID INJURY OCCUR	?
22. I certify	y that <b>X</b> ) (this haspital	) attended the deceased fro	m SEPTEMBER 16 1966 to	SEPTEMBER 19 19 66
			R.19.,19.66	
23A. SIGN AT	4 /	(1) (1) (1) (1)	WWW.ion the pack and again	23B, DATE SIGNED
NA	toble	A Mutth M.	Director Phys.	
23C. PHYSICI	Type CARL N	MATTHEY (	M.D. CATON AND WILKENS	AVE. BALTIMORE MD
24A. BURIAL CR		24C. NAME of CEMETER		(City, town, or county) (State)
REMOVAL	(Specify) 248. DATE		wa- 456	dels.
25A. DATE REC'I	D BY HEALTH DEPT	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	SEP 20 1966	Robert E. tarter	G. C. 337	Totopseo Cene
VS 150-REV 1/1	/65			

The high street of the state of the street o

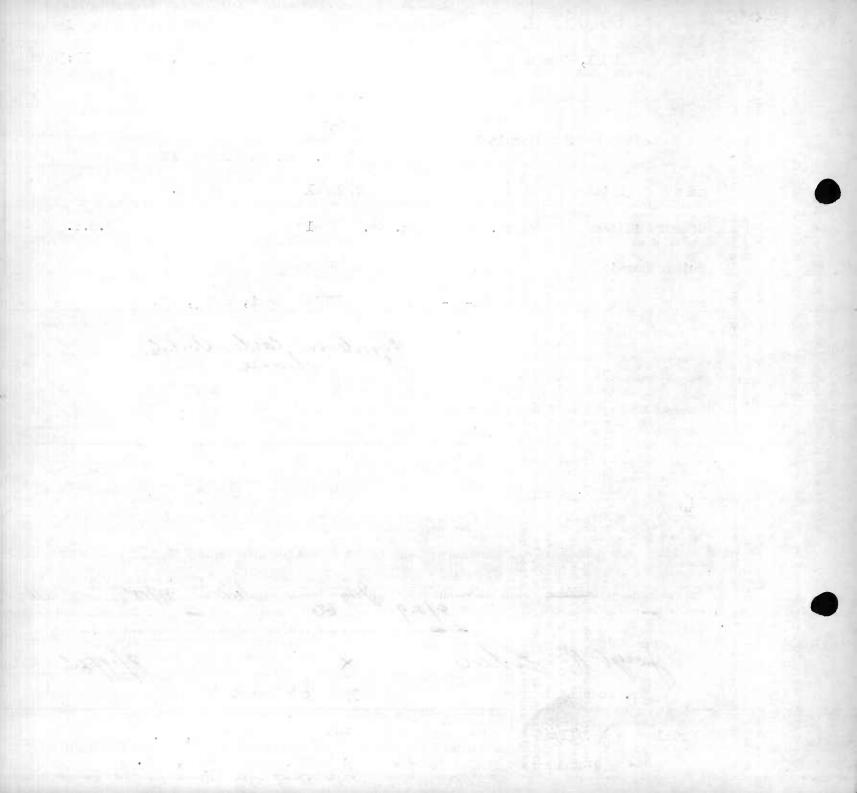
TEXT CONTINUES AND ASSESSMENT CONTINUES OF THE STATE OF T



VS 150-REV. 1/1/65

	00 0000		Y HEALTH DEPARTMENT		00 09509		
ERTH NO.	66 0950	9 CERTIFICA	TE OF DEATH	Registered No.			
A.E. CASE NO.		CERTITO					
NAME OF DE			September 18, 1966   11:30 am				
	ROSSI, Thom			-			
PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived. If in	stitution; residence before admissio		
FULL NAME HOSPITAL OR INSTITUTION		or institution, give streel	Maryland		RURAL ond give township)		
I			Baltimore				
B	altimore City	Hospital	D. STREET ADDRESS	(If rurol, give location)			
	000 000 000		516 S. Potomac Street #24				
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years			
male	white	widowed, Divorced (specify) widowed	7/20/81	05 yrs.	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.		
		10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
_	f working lile, even if retired)	Polto Con & Floo	T+o-Braz		U.S.A.		
	Pinisher	Balto. Gas & Elec.			U.D.A.		
FATHER'S NA	W/E		14. MOTHER'S MAIDEN	NAME			
Emidio :	Rossi		Concetta ?				
Was Decease	d Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS		
es, no or unknow	vn) (If yes, give wor or dote	s of service) SECURITY NO.	7				
no		212-05-5092	Dominick Ros	ssi, above, so	n		
18. 11 4	C 3 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
rise to 1	OR CONDITIONS, il de above cause (A) de CONDITION last.  Il NIFICANT CONDITIONS C DEATH BUT NOT RELA	stating the (C)					
DISEASE OF	CONDITION CAUSING I		1204 411708642 (Value	No) 20B. IF YES, WERE	SINDINGS CONCIDENT		
0	WAS PERI	FORMED		IN CERTIFYING CA	USES OF DEATH?		
OR CONTRIE	ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DIE office bldg., INJURY OCCUR	(If in Boltimore	e City, give exact location)		
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED  While AI Not Wh Work At Work	ile 🖳	INJURY OCCUR?			
22 1	.1 . (1) (.1) . 1		0	10/6	2/10/		
22. I certif	y that (I) ( <del>Niis=ho≎pit</del> al	) attended the deceased from	Jan.	1960 to 9	/ -		
that (1) (we	at saw the decease	d olive on 9/29	1966 and	that in (my) (	nion death occurred an the d		
and hour or	nd from the causes stat	ed above. (1) (Wer (did not)					
23A. SIGNAT		7 (37) (37) (373) (373)	The body dilet ded		23B. DATE SIGNED		
4	ough R.	Liberto M.D. A.	tending Med. pirector	Stoff Phys.	9/19/66		
23 C. PHYSICI	Dr. Joseph Lil	oerto M.D	23D. ADDRESS . 3508 Bank St	treet	///		
A. BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY of C	REMATORY 240	LOCATION (C	ity, town, or county) (State)		
Burial	(Specify) 9/21/60		201	Baltimore, Mo			
A. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS		
	SEP 20 1966 (	BOW BY E. STORBUMA		uneral Home,	Inc.		

Brehms Lane

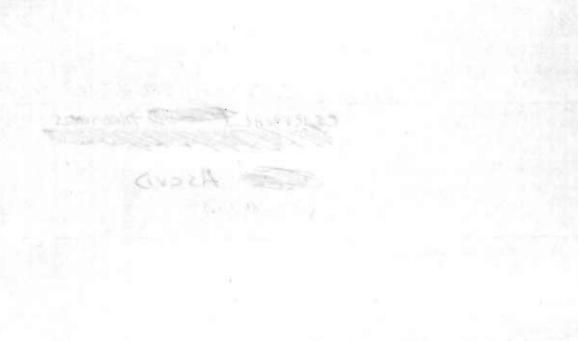


BALTIMORE CITY HEALTH DEPARTMENT

66 09510

IMPORTANT

FUNERAL DIRECTOR:



WHEN I REMIND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 2. DATE AND HOUR PRONOUNCED DEAD 9/19/66 1:03 a. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Marvland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (Il rurol, give locotion) 2415 W. Cold Spring La. 2415 W. Cold Spring La. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthdoy) Months Doys Hours Min. B. DATE OF BIRTH WIDOWED, DIVORCED(specify) female colored married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY Machi 13 FATHER'S NAME 4. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16. SO CIAL ADDRESS es, no or unknown), (If yes, give wor or doles of service) SECURITY NO. 84 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Septicemia following acute pyelonephritis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) of a congenital hydronephrosis. ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATIO П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes yes 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, lam, factory, street, office bldg., NJURY OCCUR? MEDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME OF INJURY 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Year) m. WHILE AT NOT WHILE (APPROX.) 22. I certify that I held an Inquiry Inspection Autopsy X and that on this bosis, death in my apinion resulted from: Natural couses X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE 9/19/66 ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Werner U. Spitz, M.D. 23A, BURIAL CREMATION. 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (State) (City, town, or county) REMOVAL (Specify)

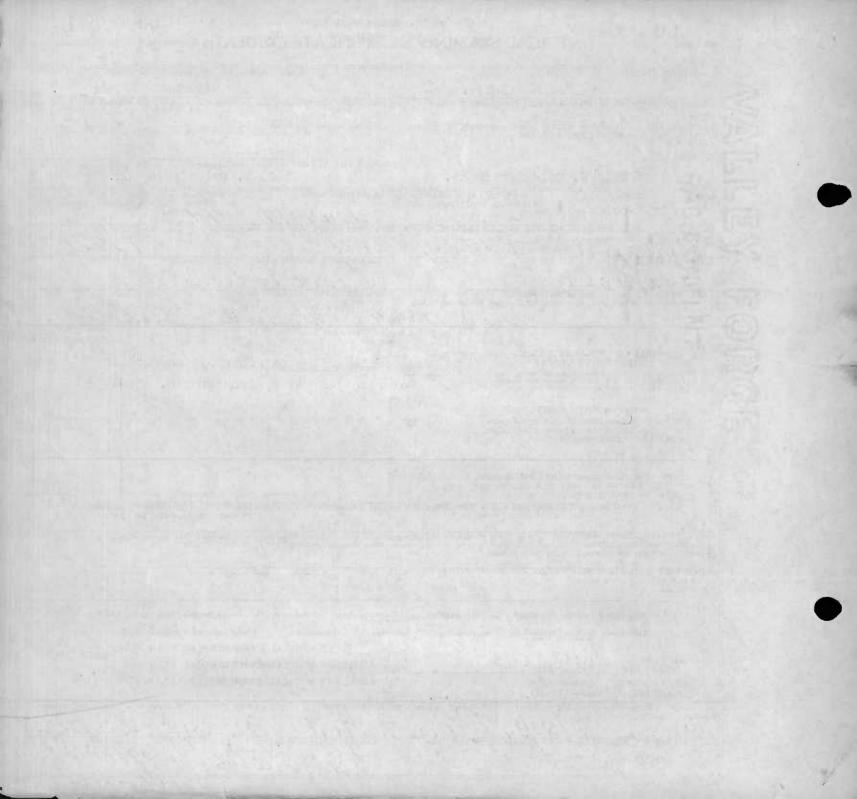
24B, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

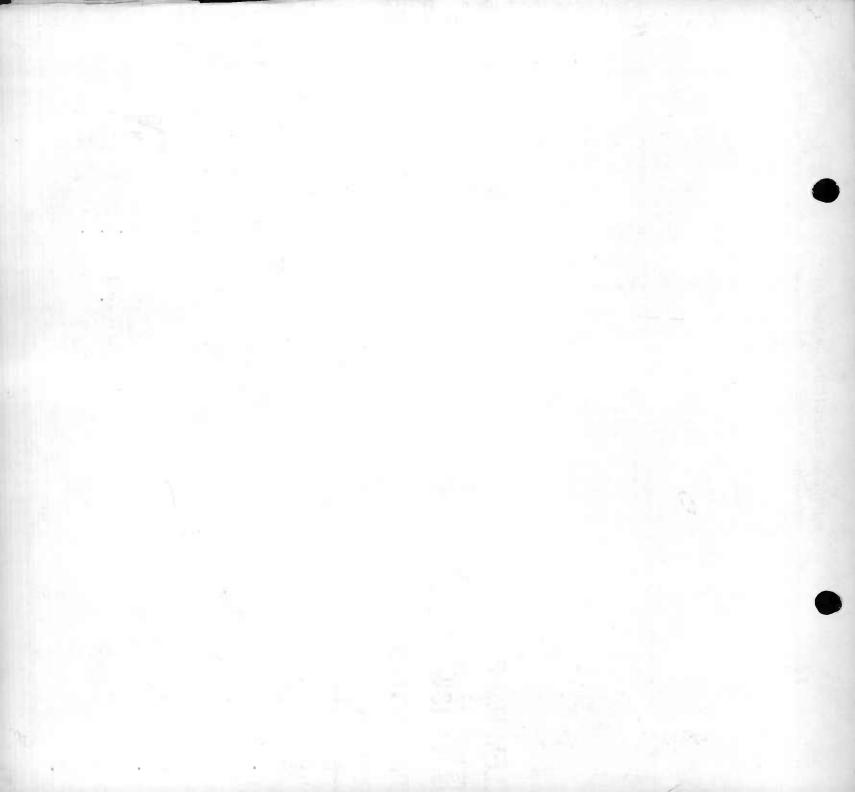
ADDRES

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DE



V\$ 150-REV. 1/1765



M.E. CASE NO.	ED		2. DATE AN	ND HOUR PRONOUNCED	D DEAD		
(Type ar Print)		am T. Mosely		9/19/6			
BRANGE	A ARYLAND, W	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission A. STATE  Maryland				
HOSPITAL OR	ADDRESS OR LOCA	11-9-66	Baltimo	ore	RURAL and give townshipl		
#10 Tu	theran Hos	nibl	D. STREET ADDRESS (If ruro	fton Ave.			
5. SEX   6. RA		7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
	colored	Married  Married	11/15/10 ISTRY 11. BIRTHPLACE (State or fore	last birthday) 55	Manths Doys Hours Min.		
done during mast af warkin		NITE OF BOSINESS ON THE	Maryland		WHAT COUNTRY?		
	es Mosley		Henrietta				
15. WAS DECEASED EV	ER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS N.Y.		
(Yes, no or unknown) (If ye	es, give war or date	es of service) SECURITY NO.	Ruth Mosley 3	370 Manhata			
(This does not n heart failure, asth	PR CONDITION DI ADING TO DEATH mean the mode of tenio, etc. It means	dying e.g., DUE TO	ure of Duodenal Pe	eptic Older			
(This does not not need foilure, osthinjury or complication of the complete of	ADING TO DEATH meen the mode of hero, etc. It means often which caused  CENDENT CAUSE CONDITIONS, IF A DOVE CAUSE (A) S' CONDITION LAST.  II ANT CONDITIONS IH BUT NOT RE	dying e.g., a the disease, death.  ES ANY, GIVING TATING THE  CONTRIBUTING LATED TO THE					
This does not in heart failure, as the injury or complicate the property of th	ADING TO DEATH meen the mode of hero, etc. It means often which caused  CENDENT CAUSE CONDITIONS, IF A HOVE CAUSE (A) S' CONDITION LAST.  II ANT CONDITIONS TH BUT NOT RE ONDITION CAUSING ERATION 198. CON WAS PER	dying e.g., death.l Due to Due	ture of gastric pe	optic ulcer	ES OF DEATH?		
(This does not in heart failure, asth injury or complicate the complete the complet	ADING TO DEATH meen the mode of heno, etc. It means often which caused  CENDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S' CONDITION LAST.  II ANT CONDITIONS TH BUT NOT RE NOTION CAUSING ERATION 198. CON WAS PER AUSE WAS CONTRIB-	dying e.g., s the disease, death.l  ES  ANY, GIVING TATING THE  CONTRIBUTING CLATED TO THE 3 IT.  JOINTON FOR WHICH OPERATION FORMED  [218, PLACE OF INJURY (1)	ture of gastric pe	optic ulcer	ES OF DEATH?		
(This does not in heart failure, as the heart failure, os the heart failure, os the heart failure, os the heart failure, os the heart failure of the heart f	ADING TO DEATH meen the mode of heno, etc. It means often which caused  CENDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S' CONDITION LAST.  II ANT CONDITIONS TH BUT NOT RE NOTION CAUSING ERATION 198. CON WAS PER AUSE WAS CONTRIB-	dying e.g., s the disease, death.l  ES  ANY, GIVING TATING THE  CONTRIBUTING LATED TO THE GIT.  NOTION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (home, form, foctory, streetc.)  10 (Haur) 21E. INJURY OCCUR	ture of gastric pe	DI 208. IF YES, WERE FIN IN CERTIFYING CAUSE YES	ES OF DEATH?		
(This does not in head failure, as the head failure and the head failure	ADING TO DEATH meen the mode of heron the mode of heron, etc. It means often which caused  CENDENT CAUSE CONDITIONS, IF A HOVE CAUSE (A) S' CONDITION LAST.  II ANT CONDITIONS ANT CONDITIONS ANT NOT RE HOTEL NOT RE CONDITION CAUSING RATION 198, CON WAS PER AUSE WAS CONTRIB- Onth) (Doy) (Yea  that I held an I fram: Natural ca	dying e.g., s the disease, death.l  ES  ANY, GIVING TATING THE  CONTRIBUTING CLATED TO THE 3 IT.  DIDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (home, form, foctory, streetc.)  WHILE AT  WORK  Inquiry  Inspection  Inquiry  I	20A. AUTOPSY? (Yes or No yes e.g., in or about 21C. WHERE DID INJURY OCCUR?  RED 21F. HOW DID IN.	DURY OCCUR?  Undetermined manner  EXAMINER    EXAMINER   EXAMINER   EXAMINER    EXAMINER   EXAMINER    EXAMINE	e exoct locotion)  y apinion		

Letter from M.E.'s office 11-9-66 M.H.

P

Such

\*

		00	00544	BALTIMORE CI	TY HEALTH DEPARTMENT		CC HOEAA	
	H NO.	00	09514	CERTIFIC	ATE OF DEATH	Registered No	66 09514	
	AME OF DECEASE	D			2 DATE AN	ID HOUR OF DEATH		
	e or Print) KA	1+-	\./	11'	2.04.1		1.01	
2 8	LACE OF DEATH	1101	V VV	1/1Ams	The Helian Peripence (W)	- 20 - 46		
3. F	TACE OF DEATH	IN BALTIN	AURE MARILAND		A. STATE B. COUN	. /	itution: lesigence before odmission)	
1	OSPITAL OR	(If not is oddress	n hospital or institut or location)	ion, give street	C. CITY OR TOWN HOOM	- 00 9	JRAL ond give township)	
T.	NSTITUTION		, /	,//	12 21/4	more	177-00	
	1/101	PCL	1 40	SPITAL		rural, give location)	100	
1	, , , , ,	-/			809 M	C Kun	St	
5, S	EX 6. R	ACE	7. MARI	HED, NEVER MARRIED	8. DATE OF BIRTH,	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.	
)	M/	0	WHE	WED, DIVORCED (specify)	7/12/34	lost birthdoy 32	Months Doys Hours Min.	
			kind of work 10B. KINI	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF	
done	e during most of worki	ng life, ever	n it refired)		Maryla	nd	WHAT COUNTRY	
13.	FATHER'S NAME			201	14. MOTHER'S MAIDEN NA	ME		
-	Man	110	2 1/1	learns	30 Pla			
	Was Decoased Ever			ce) 16. SOCIAL	17. INFORMANT	A 4	ADDRESS	
(Yes	, no or unknown) (II)	yes, give v	wor or dotes of servi	security No.	m 1-1.	2/1/1	2021/ C	
				136+39-84	y Magdalii	re Willness	209 /11 Kens	
	18. 75	11		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE O	R CONDI	ITION DIRECTLY	是是	1		ONSET AND DEATH	
		DING TO		35 VIII	TRA CEREBRAL	HEMORRY	AGE Y days	
			mode of dying, It means the dise	e.g., OL BUE TO				
			ch coused deoth.)	TA DO	11111	AND MADERIA SECOND A SECOND ASSESSMENT		
	ANT	ECEDENT	CAUSES	ZZZRO	IAR	1178		
			ONS, if ony, gi	CATION OF THE PARTIES	malformAt	4100		
			use (A) stoting	THE KIND OF				
	UNDERLYING CO			< = M				
		11		E				
Z	OTHER SIGNIFICA	NT CONE	DITIONS CONTRIBL	TING				
ATION	TO THE DEAT		NOT RELATED TO	THE In O	husema			
2	19A. DATE OF OPI		198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED	
ERTIFIC	1		WAS PERFORMED		Yes	IN CERTIFYING CAU	SES OF DEATH?	
CEI	21 A. ACCIDENT V	VAS UNDI	ERLYING	218. PLACE OF INJURY (e.g	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)	
AL	OR CONTRIBUTING			home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?			
EDIC	21 D. TIME (Me	onth) (Do	y) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
ME	OF INJURY			While At Not W				
	(APPROX)			Work At Work				
	22. I certify that (1) (this hospital) attended the deceased from 9 - 16 19 66 to 9 - 20 19 66.							
			deceased alive				ian death accurred an the date	
				· ·	view the bady after death.			
	23A. SIGNATURE						23B, DATE SIGNED	
	^	1,	2 1	M.D.	Attending Med.	Stoff Stoff		
	Firan	k L.	Jask	Dem P	hys. Director	Phys.	9-20-66	
	23C.PHYSICIAN'S NAME (Type)				23 D. ADDRESS	, , ,	, ,	
	FRANK	1.	RARHI	M.	o. Moery Unen	tal Bal	timase und	
24A	BURIAL CREMAT		DATE 24	C. NAME OF CHARTERY OF	BEMATORY   \$4D. L	OGATION (City	, town, or county) / (Stote)	
	REMICOVAL (Speci	Ty) / (	1/21/11	- 11 / 1	/ /	1. 1.11	7	

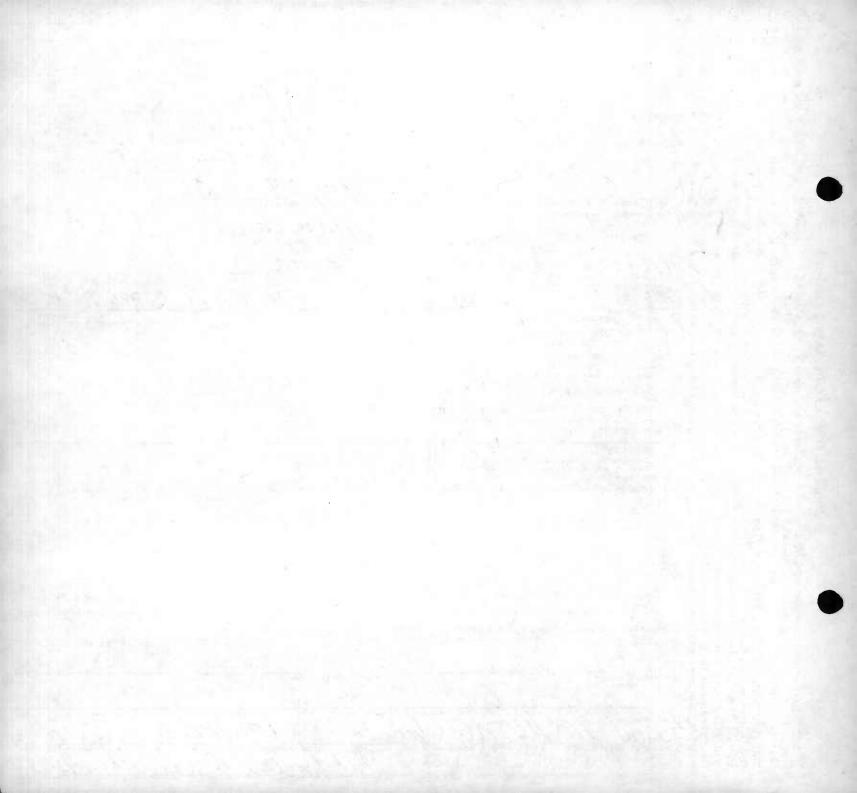
25

6

NAME

10

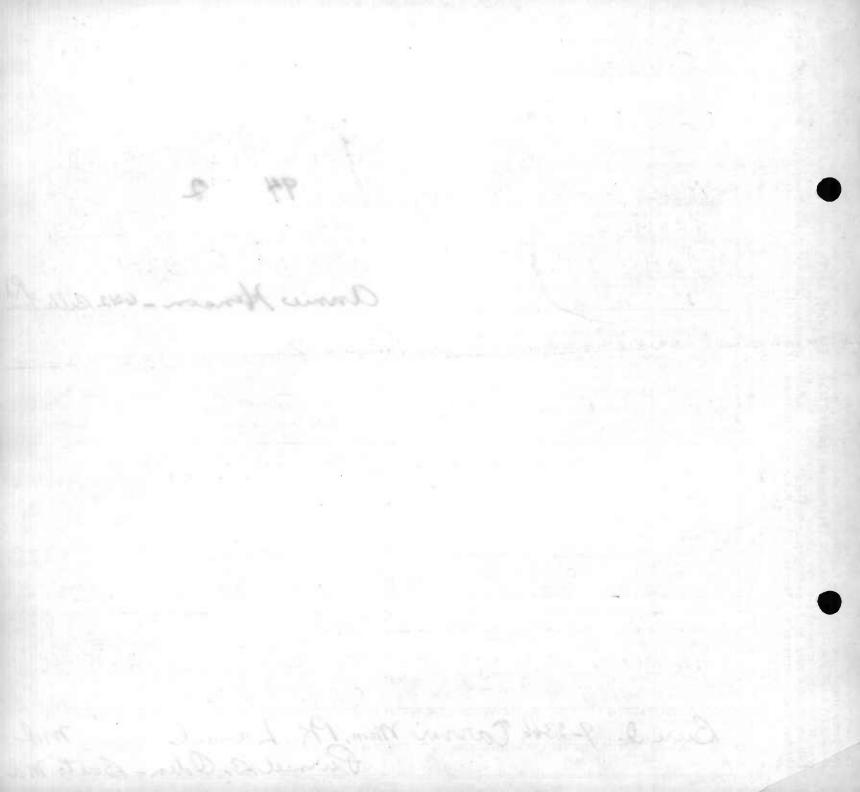
FUNERAL DIRECTO



IMPORTANI

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



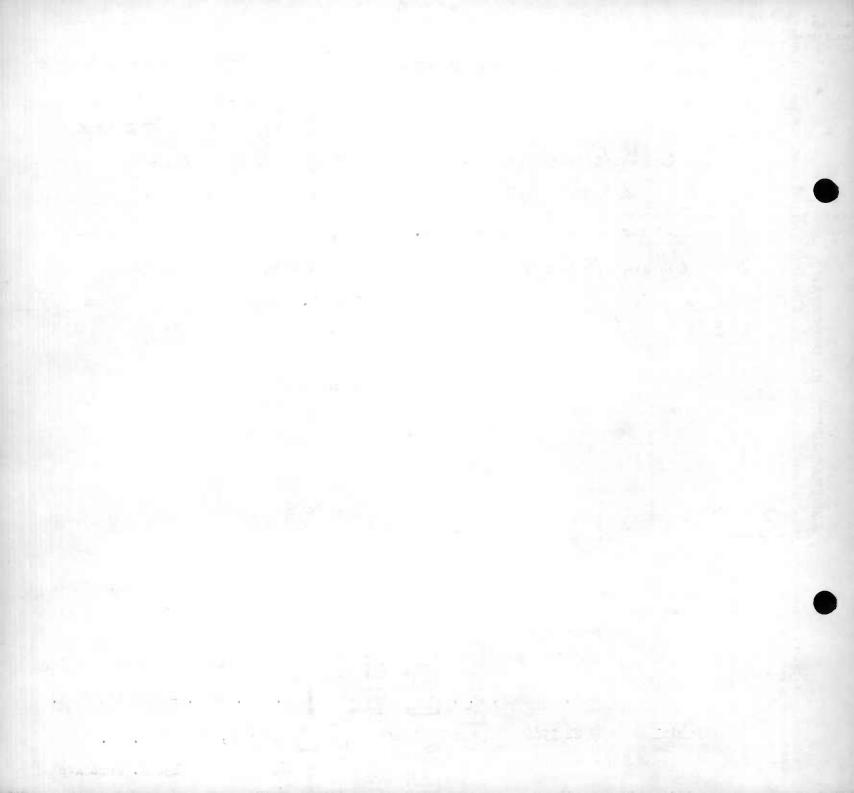
1-600	,	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO.	66 0951	6 CERTIFICA	ATE OF DEATH Registered No. 66	9516
M.E. CASE NO.  1. NAME OF DEC (Type or Print)	EASED	W	2, DATE AND HOUR OF DEATH	0:
	Lounie 1	looke	9-18-66	9,30 A
3. PLACE OF DE	ATH IN BALTIMORE MARY	LAND	4. USUAL RESIDENCE (Where deceesed lived, If institution: residence A. STATE 8. COUNTY	e befere edmission
FULL NAME (	OF (If not in hospital or eddress or locetien)	institution, give street	C. CITY OR TOWN (If eutside city limits, write RURAL and give	tewashia)
INSTITUTION	Baltimore Ci		Baltimore	ic wilamp/
31	4940 Eastern		D. STREET ADDRESS (If rurel, give locotien)	
	Baltimore, Ma		2015 Lafayette Street 212	
5. SEX Male	Negro	WIDOWED, DIVORCED (specify)	10-20-06 60	If Under 24 Hr. Heurs Min.
	UPATION (Give kind of work) werking life, even if retired)	OB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fereign country) 12. CITIZEN O WHAT CO	UNTRY?
Labor	rer		Purham to n. C. U.	SA
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
Ma	muel !	Moore	Dora Curtis	
15. Was Deceesed (Yes, ne er unknews	Ever in U. S. Armed Ferce	ef service) 16. SOCIAL SECURITY NO.	17. INFORMANT LOSE - Durham, 70.	C,
118		191-03-47	Records: BCM-4940 Eastern Avenue	21224
18.33	2 X 1-32	2 -1		AND DEATH
DISEA	SE OR CONDITION DIRE	CTLY	2 1 1 0 1 - 1	
	not mean the mode of a		albrat alley the loses	
	osthenio, etc. II meons II nplication which caused d		2+1	
The said	ANTECEDENT CAUSES	(B)	aleuseliusis	> + + + + = + + + + + + + + + + + + + +
	OR CONDITIONS, if or	ny, giving		
	e obave cause (A) s G CONDITION last,	stating the (C)	100000000000000000000000000000000000000	
	11			
O OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING	1 1 1 1 2 1 1 1	
DISEASE OR	CONDITION CAUSING IT.	Chrame a	estation, lung roct infection	
DA DATE OF	OPERATION 198. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes er Ne) 20B. IF YES, WERE FINDINGS CONSIN CERTIFYING CAUSES OF DEATH	NDERED I?
OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF medical examiner	218. PLACE OF INJURY (e.g., heme, form, foctory, street, etc.)	in er ebout 21 C. WHERE DID office bldg., INJURY OCCUR?	t locetien)
OF INJURY	(Menth) (Dey) (Year)	(Heur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		While At Not Will Work At Wer		
22. I certify	that M (this hospital)	attended the deceased fram	8-18 1966 to 9-18	19.6.6
			19 66and that in( (aur) apinian death acc	
		d abave. (10(We) (did) (did)		
23A. SIGNATI			23 B, DATE SIGN	NED
1 Keis	land to	M.D. A	trending Med. Staff Phys. 1	8-66
23C. PHYSICIA	ANS	- Alexander	23D. ADDRESS	
IAWINE (	Richard L. I	Bishop M.C	4940 Eastern Avenue, Baltimore, Mary	land
	MATION, 248. DATE	24C. NAME of CEMETERY of C		
BAAN	9-13	1 B. T. 1	enter of Danielle Co	nr
25A. DATE REC'D		58. NAME OF REGISTRAR	250 TYNERAL DIRECTOR AI	DDRESS
	SEP 20 1966	OO RC TO	Trumall & Od - S- Ot.	.md
VS 150-REV. 1/1/		MACONT C. NOWWHI	- Con Sall	101-100

10-20-06 Rushem to M.C. 265A Labour Somuel Moore Dora Certison M. C. Marketti, santa ili anno il an

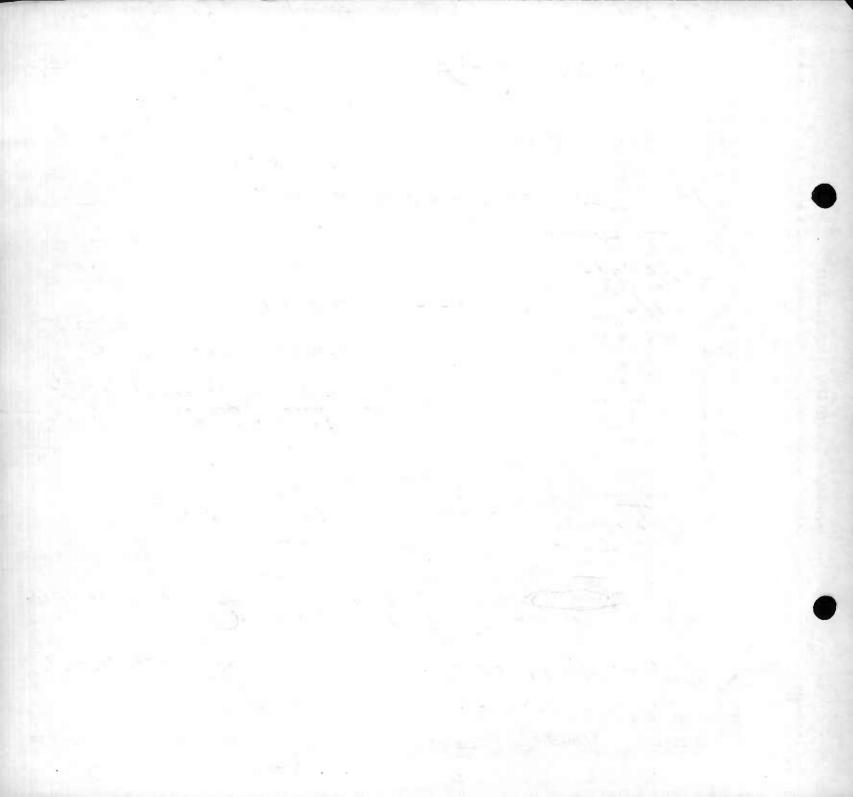
			BALTIA	MORE CITY HEALTH D	DEPARTMENT	ered No. 66	119517
10.	TH NO. E. CASE NO.	66 09517	CER	TIFICATE OF	DEATH Regis	ered No.	OOOT
1,1	NAME OF DECE	ASED			2. DATE AND HOUR	DE DEATH	
	pe or Print)	-IRANX	Westini		9/18	166	1.05 P.
3.	PLACE OF DEA	TH IN BALTIMORE, MARYL	AND	4. USUAL A. STATE	RESIDENCE (Where deceased B. COUNTY	lived. If institutio	n: residence belare admiss
	FULL NAME OF	(If not in hospital or in	nstitution, give street	ma	,		110
	HOSPITAL OR	oddress or location)	1	C. CITY O		mits, write RURAL	ond give township)
3	South	BAITO. G.	en. Hosp.		316 FIRST	Ave 5.	W 12
1000			V	D. STREET	ADDRESS (If rural, give	ocotion)	72 .
_						9/16	N DURNIC,
5.	SEX	6. RACE 7.	MARRIED, NEVER MAR WIDOWED, DIVORCED	(specify)	lost birthdo	yeors (If U Mont	nder 1 Yr. If Under 24 h hs Doys Hours Min.
163	LISUAL OCCU	PATION (Give kind of work 10)	MARRIEL	B INDUSTRY 13 BIRTHDI	LACE (State or foreign country)	0	CITIZEN OF
		orking life, even if retired)	" KIND OF BOSINESS OF	K INDUSTRI II. BIRING	CACE (Store or loreign country)	12.	WHAT COUNTRY?
	Mold N	aker - Ret.	Carr Lowry	Glass	11.7.		u.5
13.	FATHER'S NAM			14. MOTHE	ER'S MAIDEN NAME		
	Sem	TIPT Westcott			Carrie Camm		
15. (Ye	Was Deceased	TIE Westcott Ever in U. S. Armed Forces: (If yes, give wor or dotes of	f service) 1 6- SOCIAL SECURITY	17. INFORM	HANT		ADDRESS
	Yes	WW1	J.COKIII		Margaret West	cott. same	as A
-	18. / 5 5	1.14		CAUSE OF DEATH	Box on mobile	Journal Dealer	INTERVAL BETWEEN
	100	OR CONDITION DIRECT	TLY		All	1 1	ONSET AND DEATH
		LEADING TO DEATH		Al adeno car	cinina of the Co.	ou w/	
		of meon the mode of dy osthenio, etc. It meons the	ing, e.g.,	DUE TO Melarlan	a / careeno mali	RU ) 1	• • • • • • • • • • • • • • • • • • •
		plication which caused de			*		
	A	NTECEDENT CAUSES	(	B)			
ŀ		R CONDITIONS, if ony		0 - 1201 0 0 11	an aladora		
		above cause (A) sid	oling the (	c) Rumary Heneraliz	id arteno seler	10.	
		П		ga nerau z	iei ar ieus sair	vus	
Z O	OTHER SIGNIE	CANT CONDITIONS CON					
ATION	DISEASE OR C	ATH BUT NOT RELATED	) TO THE				
CERTIFIC	19A. DATE OF	OPERATION 198. CONDITI	ON FOR WHICH OPERA	ATION 20 A. AU	ITOPSY? (Yes or No) 20B. IF	ES, WERE FINDIN	GS CONSIDERED OF DEATH?
ERT	214 4 2 2 2 2 2			11104			
	OR CONTRIBIL	T WAS UNDERLYING TING CAUSE OF	home, form, focto	NJURY (e.g., in or obout 21 iny, street, office bldg.,	NJURY OCCUR?	in Boltimore City,	give exact location)
U		medical examiner	etc.)				
MEDI	OF INJURY	(Month) (Doy) (Year) (H			F. HOW DID INJURY OCC	J R?	
2	(APPROX)		While At Work	Not While At Work			
		that (1) (this haspital) a			19 66	10 9/18	1966
	that (1) (we)	lost sow the deceased a	live on 9/18 -	1147 196	1 /		eath accurred on the a
		from the couses stated					
	23A. SIGNATUI		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	23 B <sub>+</sub> I	DATE SIGNED
	1	9 Inellano		M.D. Attending Phys.	Med. Stoff Phys.		7/18/66
	23C. PHYSICIAI	UF C		23D. ADDRE			, -, -,
	NAME (Ty	BERTO G.A.	RELLANO		ITH BALT. GER	1. HOSD.	
24	A. BURIAL CREA			ETERY of CREMATORY	24D. LOCATION		n, or county) (Stat
	A. BURIAL CREA REMOVAL (S					tony, low	., 5. 65511197 (3101
-	Buria	21 Sept.	.66 Glen Ha	wen Memorial	Park Glen	Burnie,	vid.
25.	A. DATE REC'D	O 1000 A	B. NAME OF REGISTRAR	25C. FU	NERAL DIRECTOR	/ /	ADDRESS
	シピナ 2	O 1200 Alexan	C. damas.	0 0 0	TAMBles for	mercy	Maris
	150 DEV/ 1/1/4	. 3					

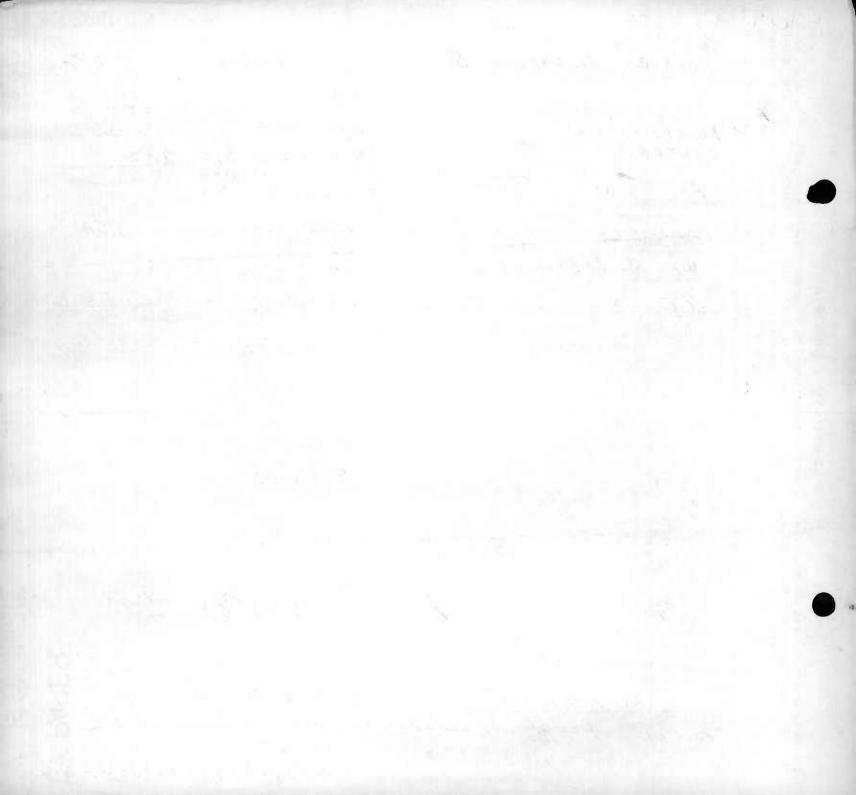
man' sure - 1 .- 1- seleption Land to the second second second

references to the second of th



11/300	BALTIMORE CITY	HEALTH DEPARTMENT	V	00 00540
BIRTH NO. 66 09519	CERTIFICA	TE OF DEATH	Registered Na	66 09519
N.E. CASE NO.	1 4		D HOUR OF DEATH	
Type or Print) woody	UADE	9-10	6-66	130 P
PLACE OF DEATH IN BALTIMORE, MARYLAND			deceosed lived. If ins	titution: residence belore admissio
FULL NAME OF (II not in hospital or institution	on. give street	A-	OI TIM OF	DE
HOSPITAL OR oddress or location) INSTITUTION	any give ander	C. CITY OR TOWN (If auts	side city limits, write R	2 E URAL ond give township)
		FALLSTA	N	3370
2 SINAI HOSP.		D. STREET ADDRESS (IF	urol, give location)	
		HESS KI	) -	
SEX 6. RACE 7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specily)		AGE (In years ost birthday)	If Under 1 Yr. , If Under 24 H Manths: Doys Hours Min.
	EK MARRIED	6-15-45	21	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND one during most of working life, even if retired)		11. BIRTHPLACE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		MA.		U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	0.3
LEONARD Wade		Ru	aby Cox	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.		_	
MO	2 <del>13-4</del> 6-2063	CHART		
18.15291	CAUSE O	FDEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	D-	10.005 611	Acaca =	
(This does not mean the made of dying, e	(A) CC	SPIRATORY 1	TRRESI	
hearl failure, asthenia, etc. It means the disea	160			
injury or complication which caused death,)	18 MET	ASTATIC CA	. PROBAB	RLY 6 MOS.
ANTECEDENT CAUSES	DUE TO	TASTATIC CA	BOWEL	
DISEASES OR CONDITIONS, if any, giv				
UNDERLYING CONDITION last.	Oder d mil a On a d a Oder	000000000000000000000000000000000000000		
ll ll				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
DISEASE OR CONDITION CAUSING IT.		Too A		
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar No)	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
	21B. PLACE OF INJURY (e.g., i	TES	No	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	fice bldg., INJURY OCCUR?	(II III volitilore	City, give exact location
U	etc.)			
OF INTURY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work			
22. I certify that Whis haspital) Mende	d the deceased from	-18	9.66 10 9	- 16 1961
tha (1) (we) last saw the deceased alive a	0 11			ian death accurred on the c
and haur and fram the causes stated above	- ~			
23A. SIGNATURE	(1) He/(Glay (Gla Har) (	ion the budy utter death.		23 B. DATE SIGNED
10 10			Stoff -	9-16-66
Jeksel	Phy	s. Director	Phys.	1-10 44,
NAME (Type)		23D. ADDRESS	/ -	
HUVIN SCHACH	TER. M.D.	SINAI A	6512.	
4A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CR	MATORY 24D. LC	CATION (Cit	y, tawn, ai county) (State
Burial 9/20/66	Crseton	Wes	t Jefferson	North Carolina
SA. DATE REC'D BY HEALTH DEPT.   258. NAN	AF OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 20 1966 Release	E' dansel	J. F. Eline &	Sons Reis	sterstown, Md.





24B. NAME OF REGISTRAR

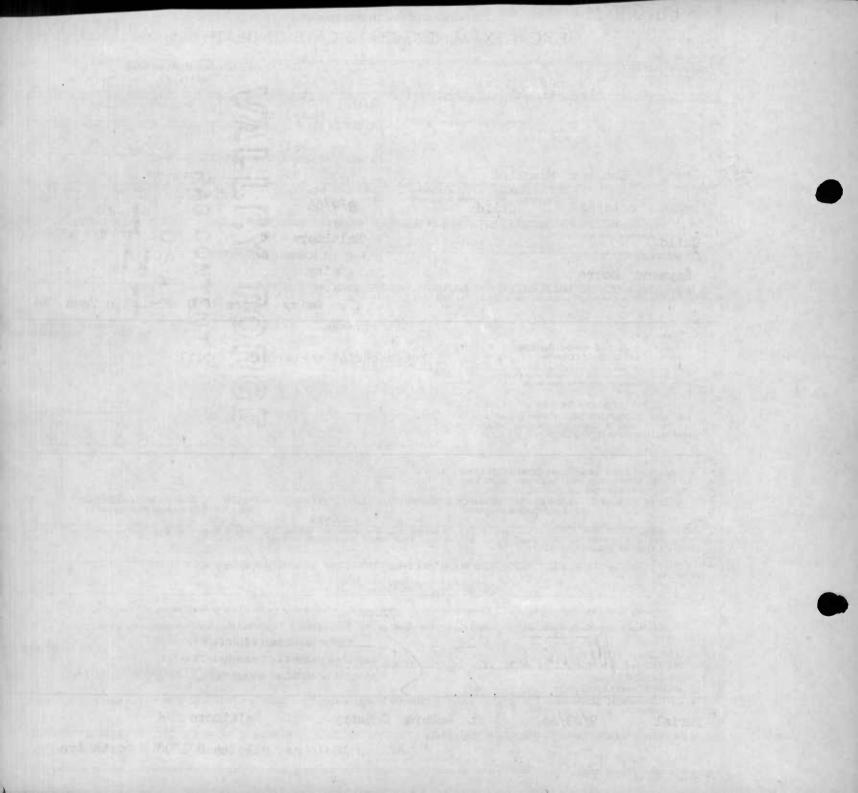
1966 Robert E. Farberta

VS 151-REV. 1/1/65

24A, DATE REC'D BY HEALTH DEPT.

24C. FUNERAL DIRECTOR

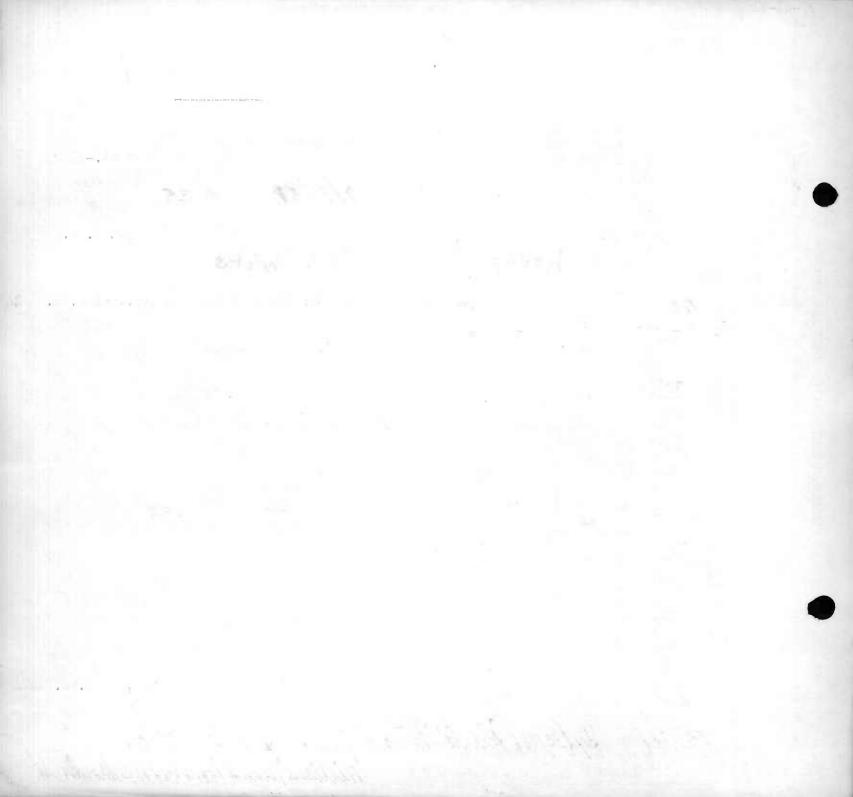
Adolphus Halsteaed 1206 W North Ave



IMPORTANI

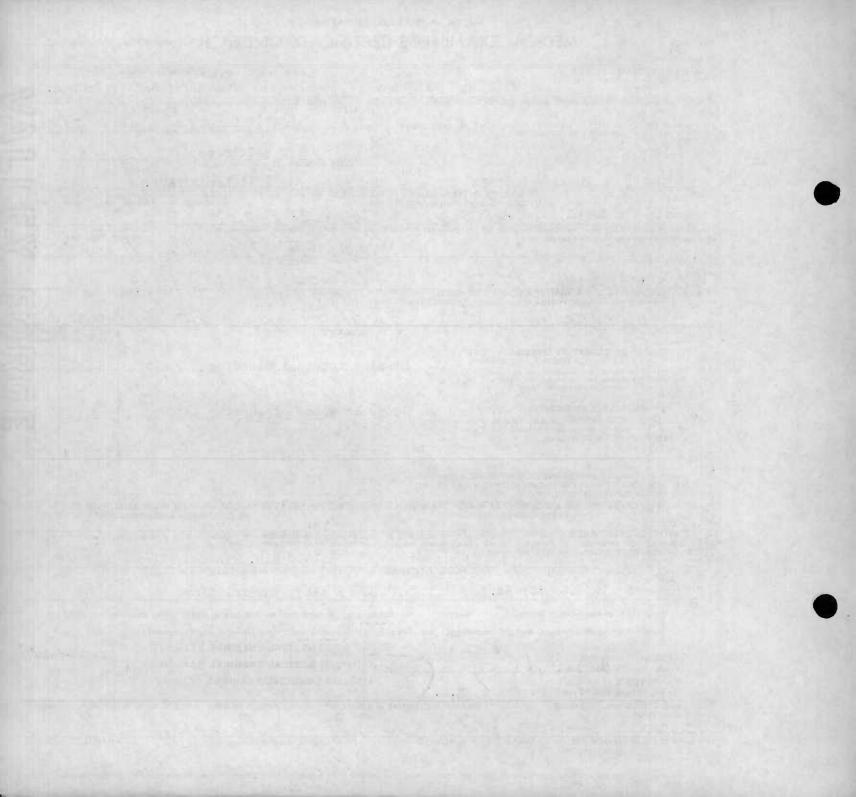
DIRECTOR:

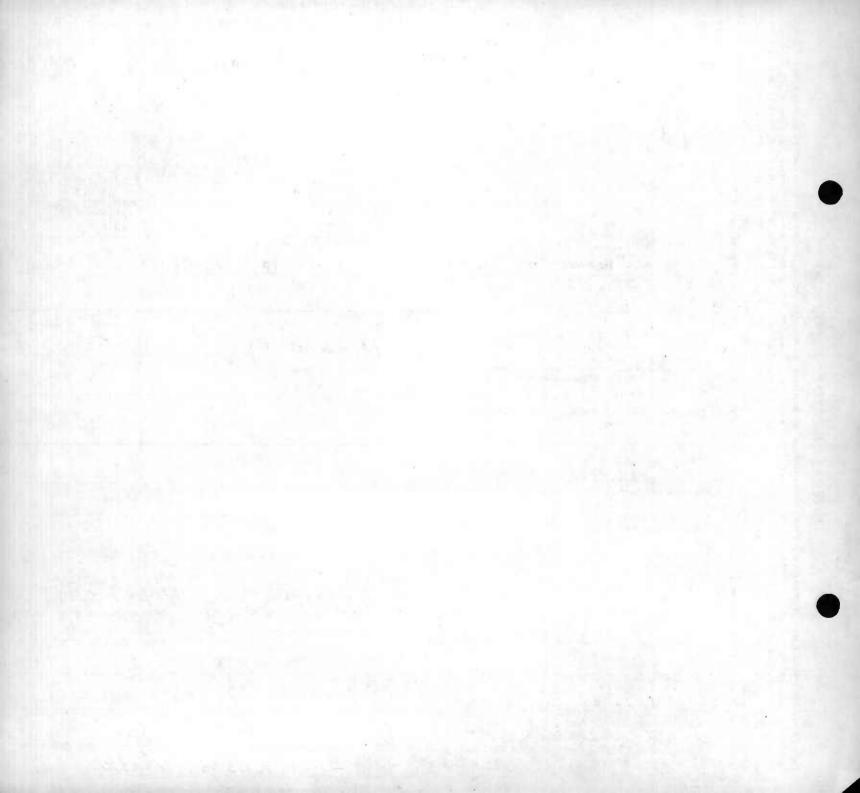
FUNERAL



## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 09523

A.E. CASE NO.	
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
Type or Print) William McKinney	9/16/66 2:05 a.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
IOSPITAL OR ADDRESS OR LOCATION)	C. CITT OR TOWN (II outside colpotote limits, while RORAL ond give lownship)
	Baltimore
	D. STREET ADDRESS (If rurol, give locotion)
Hopkins Hospital	1011 Tomont Cyc
SEX 6. RACE 7. MARRIED, NEVER MARRIED	1011 Lamont Ave.  B. DATE OF BIRTH   9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED(specify)	lost birthdoy) Months, Doys, Hours, Min.
male colored mannia	Jan 28 1912 54
DA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY	
one during most of working life, even if retired)	WHAT COUNTRY?
3. FATHER'S NAME	Chester surveyer N 5/4
S. FAIRES WAME	THE TAME
Charles L. Mc Kinney	tance your
5. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)	10:00
no	Herry Arence 2249 E Chaise st
1B. CAUSE	OF DEATH / U INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., QA) MASS	ive internal Bleeding
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
injoly of complication which coused dealist	
ANTECENDENT CAUSES Cum	shot wound of chest
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	ishot would of chest
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST, (C)	
5	
il	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street,	office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH. street	1400 Blk. Tin Pan Alley
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
OF INJURY	WHILE what covered times
(APPROX.) 9 16 66 12:45 and WHILE AT AT W	shot several times
22.	
I certify that I held an Inquiry Inspection Aut	apsy and that an this basis, death in my apinlan
resulted fram: Natural causes Accident Suicid	e Hamicide X Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL MODELLE TO	DATE SIGNED
SIGNATURE MUTULS M. D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 9/16/66
NAME (Type) Werner U. Spitz, M.D.	
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
EMOYAL (Specify) 1 20 -1 20 -1	Out Buch had
There 9-00 66 14 Calley	al swage me
4A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
SEP 21 1966 P. Ja. & E. Farbuna	80. 34.11
	Surge Wilson I was Brewlet he

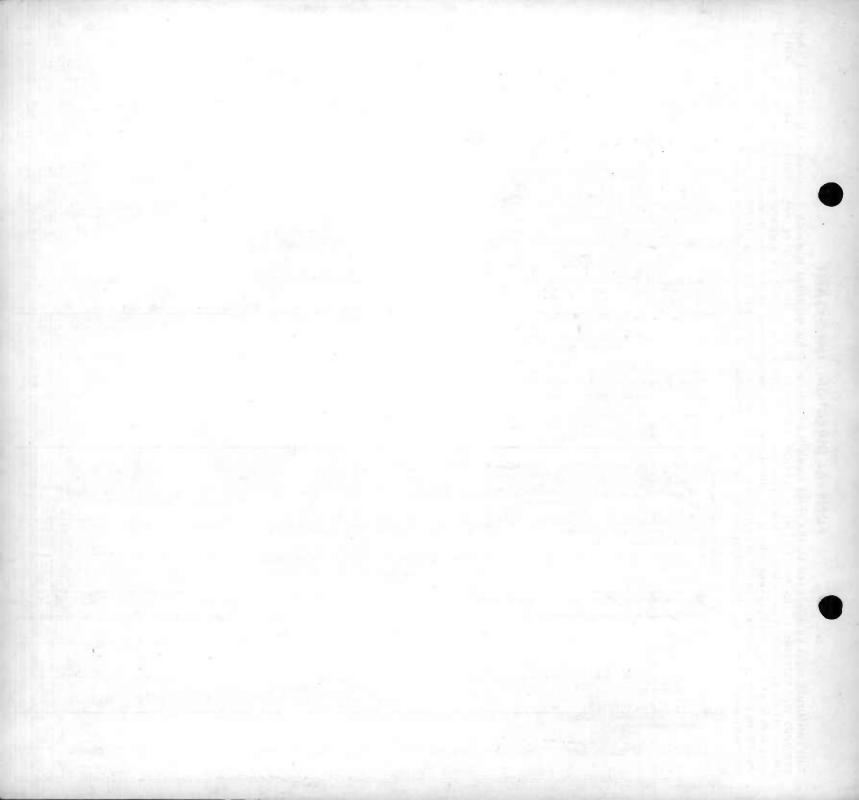


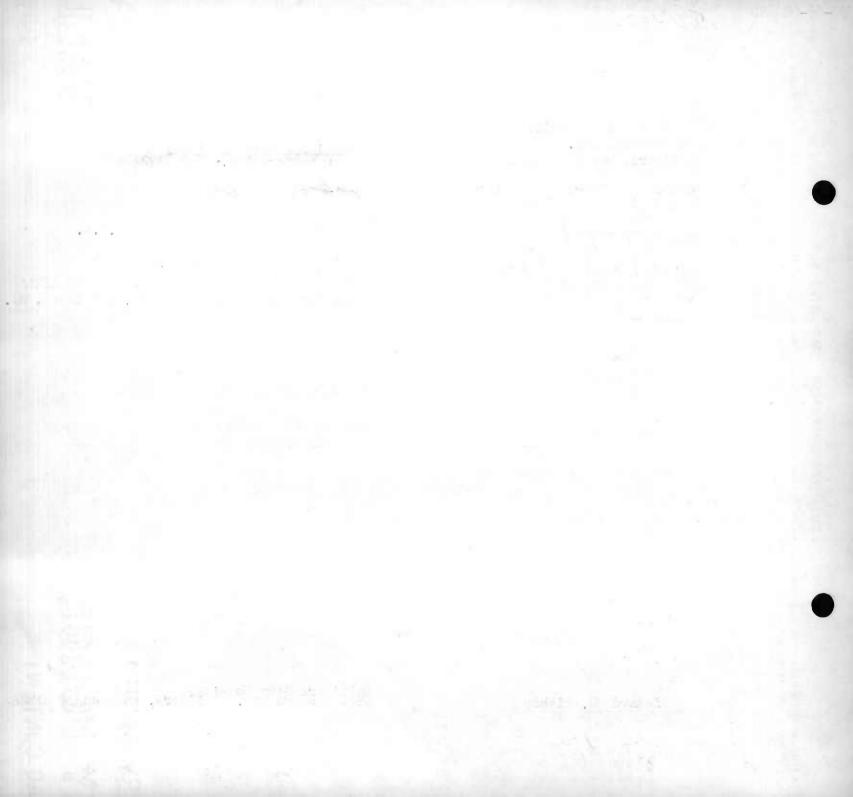


IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT





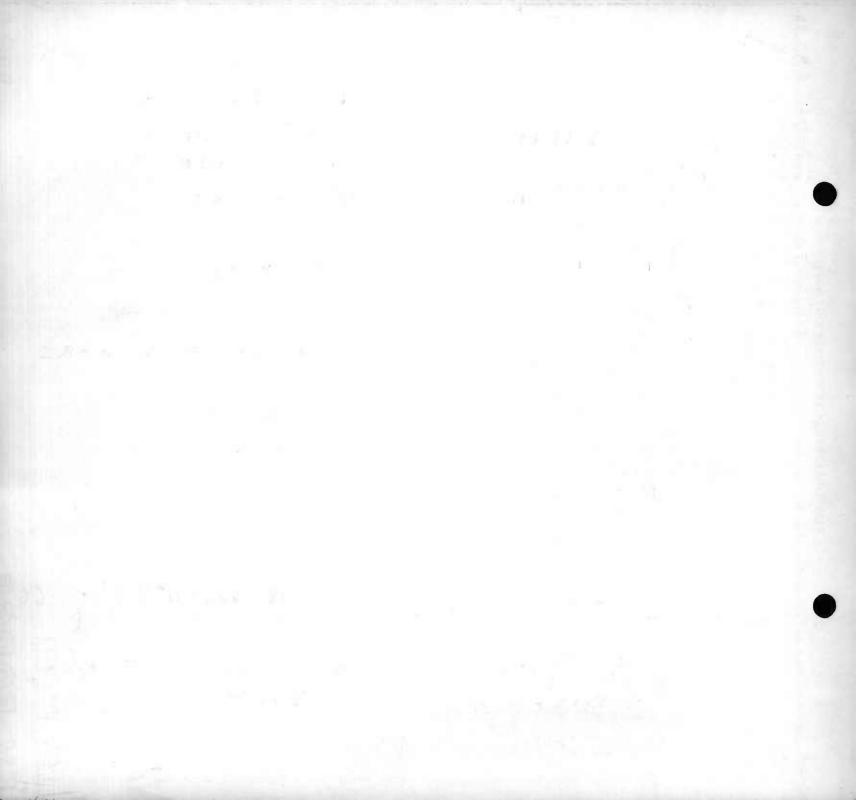
IMPORTANI

DIRECTOR:

FUNERAL

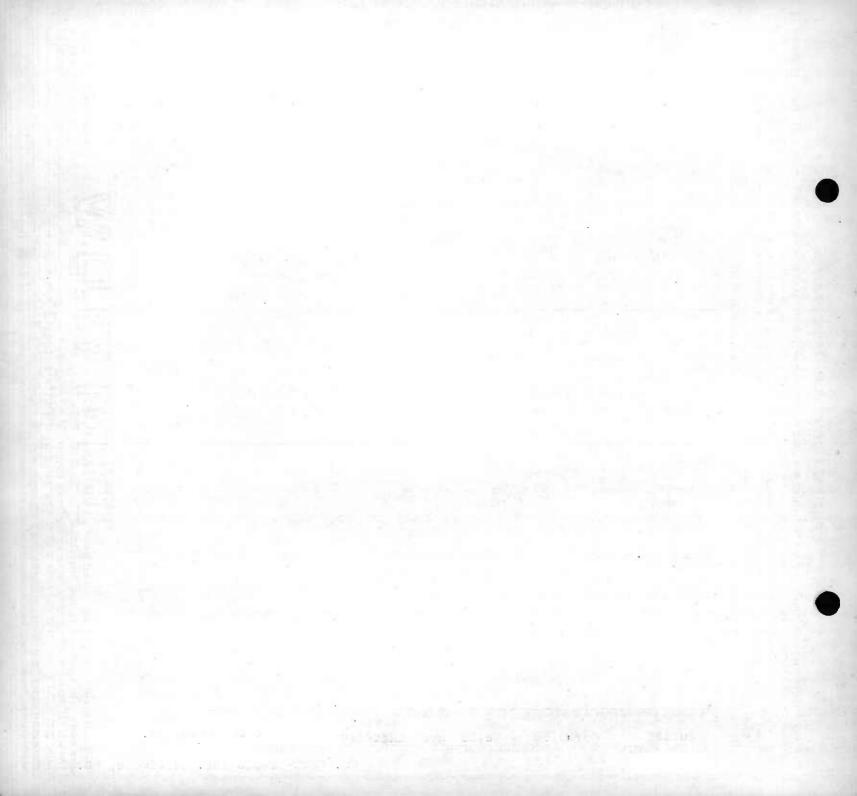
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65

00 00500	BALTIMORE CITY	HEALTH DEPARTMENT	1	66 09528
BIRTH NO. 66 09528	CERTIFICA	TE OF DEATH	Registered Na	00 03020
M.E. CASE NO.	CERTITION		D HOUR OF DEATH	
1. NAME OF DECEASED (Type or Print)  STELLA SIA	0 5 . 41			4550
	4 PSON		-19-66	/ M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	; deceosed lived. If insti TY	tution; residence before od hission)
FULL NAME OF (If not in hospital or institution	ion give street	VIRGINIA	4	1/-1/2
HOSPITAL OR oddress or location)	/		side city limits, write RU	RAL and give township)
INSTITUTION UNIVERSITY F	tospitaL	SMALLTO	11.	
X Chair			urol, give location)	
BALTIMORE	MARYLAND	WILLIS	WHARF	
	NED, NEVER MARRIED	. 1	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
$\Gamma$	WIDOWED	1-27-04	62	
IOA, USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12, CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired)		USA		1 CA
HOUSEWIFE				03/1
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
UNKNOWN		UNKNOWA	V	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS A
(Yes, no or unknown) (If yes, give wor or dates of servi		NANCY MO	0015 8	WIMPOLE Dr.
	UNKNOWN	141009 1010	VV 12	YORK PA
18. 4/6 X	CAUSE O	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1	,	1
LEADING TO DEATH	(A) Dre	nchomeun	uma	4 days
(This daes nat mean the mode of dying, heart failure, asthenia, etc. It means the dise			**************************************	
injury or complication which coused death.)	ase,	+ /	+10	2.
ANTECEDENT CAUSES	(B) CC2	raestice hea	il failure	- sweets
	DUE TO	0 4 1	4/12	1,1
DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating		umalic hear	1 ausease	Cuknous
UNDERLYING CONDITION last.				
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU				Charles Personal
TO THE DEATH BUT NOT RELATED TO	THE			
U 19A, DATE OF OPERATION 1198, CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
WAS PERFORMED	NONE	VES	IN CERTIFYING CAUS	ES OF DEATH? (ES
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 G. WHERE DID	(If in Boltimore C	City, give exact locofion)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	III FORMIOTE C	
0	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	VS I SVATSON DESIGN
OF INJURY (APPROX.)	While At Not Whil			
	Work At Work			3 10
22. I certify that (I (this hospital) attend	ed the deceased from	/-/-	966 to	9-19-19-66
that (1) (we) lost sow the deceased alive	on 7-19	19 66 ond the	t in (my) (our) opini-	on deoth occurred on the date
ond hour and from the couses stated abov	a. (1) (Wa) (did) (did ==+).			
23A. SIGNATURE	or (-Vine) (aid) (aid not) (	new the budy offer deoff.	le le	3B, DATE SIGNED
# 1/	(// 112) 111	ending Med.		2 2 11
Lemothy Benne	y Charle Phy	s. Director	Stoff Phys.	9-19-66
23C. PHYSICIAN'S		23D. ADDRESS	1 1	1 111 11
NAME (Type)	CODIL M.D.	11.	of Maril	land dosnital
	UNAY	EMATORY 24D/LO	CAPON	town as assetul
REMOVAL (Specify)	Ceme	etery	CATION (E)y.	town, or county) (State)
Burial 9/23/66	Belle Haven KKK	D 0 1	ee Haven, Va	
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AT 1200 168	all E. Janberth	Wm. Cook-Brook	s Inc. Balti	imore, Md. 21202



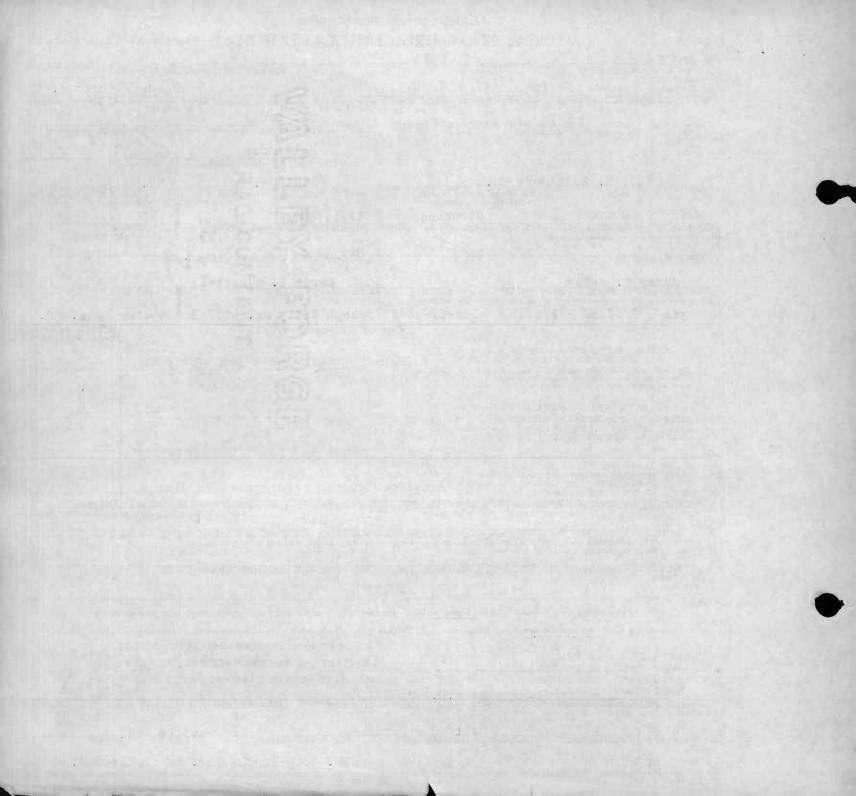
FUNERAL DIRECTOR: IMPORTANT

10	CC HOEGO	BALTIMORE CITY	HEALTH DEPARTMENT		(10) 11/1=(11)
No.	тн но. 66 09529	CERTIFICA	TE OF DEATH	Registered No	66 09529
1.8	E. CASE NO.		2. DATE AN	ND HOUR OF DEATH	
{Ty	pe or Print) DAI = . MIII	N NIM M	1650	EPT 66	112:15 PM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	70 //-	4. USUAL RESIDENCE (Whe	re deceased lived, If inst	itution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street		nn N K	74T1408	E-
	HOSPITAL OR oddress or location)	y give shoul	C. CITY OR TOWN (If ou	tside city limits, write RL	JRAJ ond give jownship)
11/	11311011011		KALTIMO	RE	21-10
W	And the stand of the second	1/		rurol, give location)	
-	UNION MEMORIA	L HOSP.		EEPDEN	E ROAD
5. 5	SEX 6. RACE 7. MARR	WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	m m	ARRIED	1/30/87	79	
	USUAL OCCUPATION (Give kind of work 10 B. KINS de during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) /	12. CITIZEN OF WHAT COUNTRY?
	XXXXXX Auditor	Retired	DENMA.	RK	USA
13.	FATHER'S NAME	Hebrica	14. MOTHER'S MAIDEN NA	ME	
	ALLAN DAHL		Link II	known	
15.	1122/1	1 6. SOCIAL	17. INFORMANT	KIIOWII	ADDRESS
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi				
	No	217-05-7276	Mrs. Sigrid Dal	e 729 Deepder	ne Rd. Balt. Md.
1	1B. / 2 O	CAUSE O	Rense m		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		(2) 1 n	7 T	
1	LEADING TO DEATH	(A)	newse.	· C	***************************************
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO ose,			
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gir	ving			
	rise to the obove couse (A) stating UNDERLYING CONDITION last.	The (C)			4120 a 4770 0 a 460 s 770 semana 7700 hadama 8622 a s 600 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			- 13	-	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
ATION	TO THE DEATH BUT NOT RELATED TO				
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
S	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	ince olog., INJURT OCCUR?		
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?	
ME	OF INJURY	While At Mot While		• • • • • · · ·	
1	(APPROX.)	Work At Work			
	22. I certify that (I) (this hospital) attend	ed the deceosed from	7/14/6,	19 to 9/1	19 (
	that (1) (we) last saw the deceased alive	on 9/19	19 6 and th	ot in(my) (aur) opini	ion death occurred an the date
	ond hour and from the couses stated abov	e. (1) (We) (did) (did not)			
	23A. SIGNATURE	(., (, (a.a) (a.a noi) v	The body offer deoffi.		23B. DATE SIGNED
	1.1.5	M.D. Atte	ending Med.	Stoff Phys.	15/. 1//
	23C.PHYSICIAN'S DR. SIDNEY E	whitey Phy	s. Director		1 Aye 66
	23C.PHYSICIAN'S DR. SIDNEY E.	TIKKTBA	27 HEPRUNION ME	MORIAL HOS	PITAL
	SIDNEYVE. KIRI	KLEIT M.D.	UNION	ME MORE	116 HOIP
24/	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRI	MATORY 24D. L	OCATION (City	, town, or county) (Stote)
	0 100/00	Greenmount	n	altimore Md	
254		Greenmount ME OF REGISTRAR	25C. FUNERAL DIRECTOR	altimore, Md.	ADDRESS
-57	SET 21 1966 (P.O	of & fall us			
	VIDE	Senson as a consecutive	Wm. Cook-Bro	oks Inc. Balt	timore, Md.
VS	150-REV. 1/1/65				

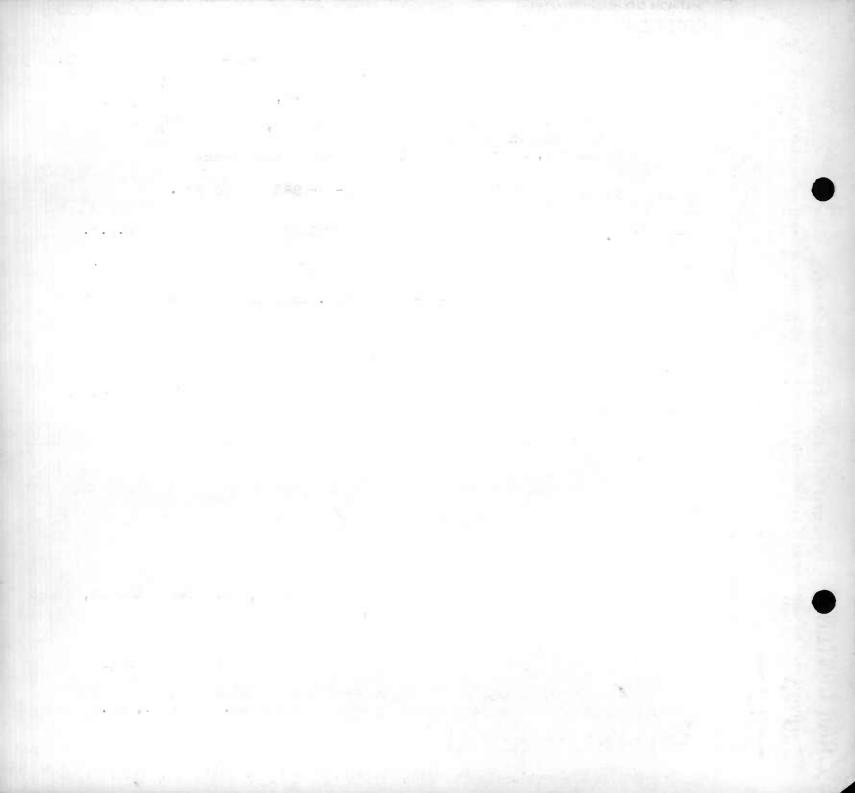
Rente MI

13

BIR	TH NO.	MEDI	CAL EX	CAMINER'S C	ERTIFICAT	TE OF	DEATH Registe	red No.	0 03330
-	E. CASE NO.					D. Mari			
l. (Ty	1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR PRONOUNCED DEAD				
Joseph Kelly 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			9/19/66 10:25 a. M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  Maryland						
HO IN	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA		JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore				
6					D. STREET ADD				
۲.	1	616 W. Baltim	ore St.			1616 W.	Baltimore	St.	
5. 5		6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT		9. AGE (In years last birthday)	If Under	1 Yr, If Under 24 Hrs. Days , Hours , Min.
	male	white		Divorced	11/11/0	9	5.7	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		UPATION (Give kind of work working life, even if retired)	TOB KIND OF	BUSINESS OR INDUSTRY			gn country)	12. CITIZEI	N OF COUNTRY?
UGII	e doning mast at	working life, even it retired;			Marylan	d		***************************************	
13.	FATHER'S NAM	ΛE			Marylan 14. MOTHER'S M	AIDEN NAM	E		USA
15.	Jame	S F. Kelly ED EVER IN U.S. ARMED  1) (If yes, give wor or date	FORCES?	16. SO CIAL SECURITY NO.	Mar:	ie E. 0	'Farrell	ADDRESS	
	yes	2/27/52 - 7/		218-07-1672	Joseph K	ellv Jr	. 5017 Schau	ıb Ave	Balt. Md.
1	18.	0 1		1	OF DEATH				INTERVAL BETWEEN
V	DISEA	SE OR CONDITION DI	PECTI Y						ONSET AND DEATH
		LEADING TO DEATH		(A) Pulmon	ary tuber	culosis	and emphys	ema	
	heart failure	not mean the mode of c, asthenia, etc. It means implication which coused	dying, e.g., the disease, death.)	DUE TO	•••••				
		OR CONDITIONS, IF A		(B)	•••				
	RISE TO TH	HE ABOVE CAUSE (A) ST		501 10				350	
Z				(C)					
Ę		ll ll		10					
ERTIFICATION	TO THE	DEATH BUT NOT REL	ATED TO T		clerotic	cardiov	ascular dis	ease	
RTI		R CONDITION CAUSING					208. IF YES, WERE FIL		ONSIDERED
ü	0	WAS PERI		WILLIAM OF THE PROPERTY OF THE	no	, (, es e, 140)	IN CERTIFYING CAU		
EDICAL	UNDERLYING	CAUSE WAS OR CONTRIB-	218. home etc.)	PLACE OF INJURY (e.g., farm, factory, street, c	in or about 21C. V lifice bidg., INJURY	VHERE DID	(If in Boltimore City, gi	ve exact lac	cation)
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Day) (Year	V	VHILE AT NOT AT W	WHILE	ILNI DID WO	URY OCCUR?	<b>#816</b>	
	22.	tify that I held on I				J 46-4 46-	:- t:- db :	!-!	
		Ited from: Natural cou					is bosis, deoth in n Undetermined manns		
	resu	/	JSES A	Suicide		EDICAL EX		er	
	ACTUA		re, h	. 5 -	ASSISTANT M				DATE SIGNED
	SIGNAT			M.D.	ASSOCIATE M			9/:	19/66
237	NAME (	11021102		Z. M.D.	CREALATORY	220 1	OCATION (Site	terring of se	(24242)
	MOVAL (Specif		230	C. NAME OF CEMETERY O	CREMATORY	230. [	OCATION (City,	, town, or co	ounty) (State)
24	Buria	1 9/22/		Baltimore Nat	ional	AL DIRECTOR	Catonsville	e, Md.	DDPFSS
241	- DATE REC'D			Waste					
	S		Rest &	2. Farbura	Wm. C	ook-Bro	oks Inc. Ba	Itimore	e, Md.
VS	151-REV. 1/1.	/65	3		1 1 60	1 0 0	4		



00 0050	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 09531
BIRTH NO. 66 0953	CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO.  1. NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print) Mary John	son		-18-66	1:10 p.
3. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Wh	ere deceosed lived. If in	nstitution: residence before admission
		A, STATE B, COU	NTY	
FULL NAME OF (If not in hospital address or tacation	or institution, give street	Maryland,	utalda situ limita unita	DIIDA1 and sive towartin)
INSTITUTION Provident	Hospital	Baltimore,	diside city littliff	NORAL GIRL GIRL IOWISHIP
9 1514 Divis	ion Street		f rurol, give lacation)	
Baltimore,	Maryland 21217	2222 Callow	Avenue	
5- SEX 6- RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	Q AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
77	WIDOWED, DIVORCED (specify)	2-25-1886	lost birthdoy) 80 yrs.	Months Doys Hours Min.
Female Negro	10B, KIND OF BUSINESS OR INDUSTR		eign country)	12. CITIZEN OF WHAT COUNTRY?
ane during most of warking life, even if retired)				
Housewife		Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Sack Williams		Laurea		
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give war or dote	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
100.	215-01-5582	Mrs. Irma D	ixon (Daug	chter) Same
18.		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIE	ECTLY		. 1	ONSET AND DEATH
DISEASES OR CONDITIONS, if ise to the abave cause (A) UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS COORDITIONS COORDITIONS COORDITION CAUSING I	Stating the (C)			
	т	100 4	1.1.000	
19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in ar obout 21C. WHERE DID	(If in Boltimor	e City, give exoct location)
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, form, factory, street,	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Yeor)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	IIII DY OCCUP?	
OF INJURY	While At Not Wh		JURY OCCUR:	
(APPROX)	Work At Work			
22. I certify that (I) (this hospital	) ottended the deceased from	September 16	19 66 to Sept	ember 18, 1966
that (1) (we) lost sow the decease	d olive on September ]	8, 19 66 and t	hat in (my) (our) opi	nion death occurred on the d
and hour and from the coupes stat				
23A. SIGNATURE		The the body offer doon	•	23B. DATE SIGNED
U Kluw	M.D. At	tending Med.	Staff Phys.	0 20 66
23C. PHYSICIAN'S	Ph	ys. Director	Phys.	9-20-66
23C. PHYSICIAN'S NAME (Type) RAMACHA	NARAN' M.D.		pital	
		1415 Division	St Balt	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CI	REMATORY 240:	OCATION	ity, lown, or county) (Stole)
Buria 9-25-	66 Mount Cluba	vn lem. F	Salte	md.
25A, DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	OR OIL	ADDRESS
ern 64 1000	100 R. D. Falley MA	Martine Du	H. + H.	1701 Laurens
/S 150-REV. 1/1/65		4.00	1	- FOOT

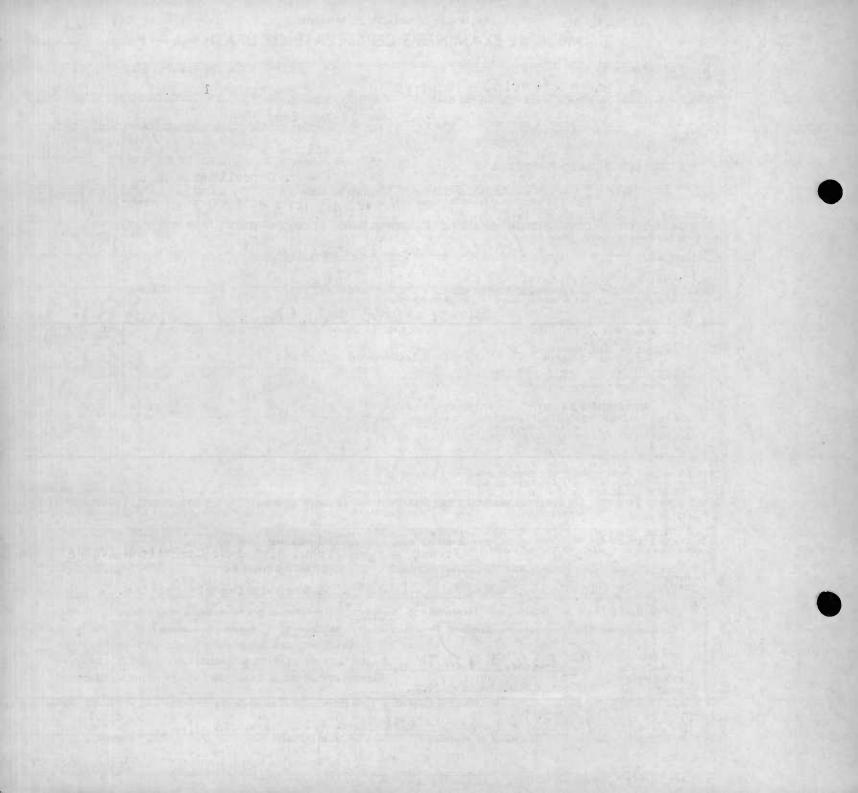


VS 150-REV. 1/1/65

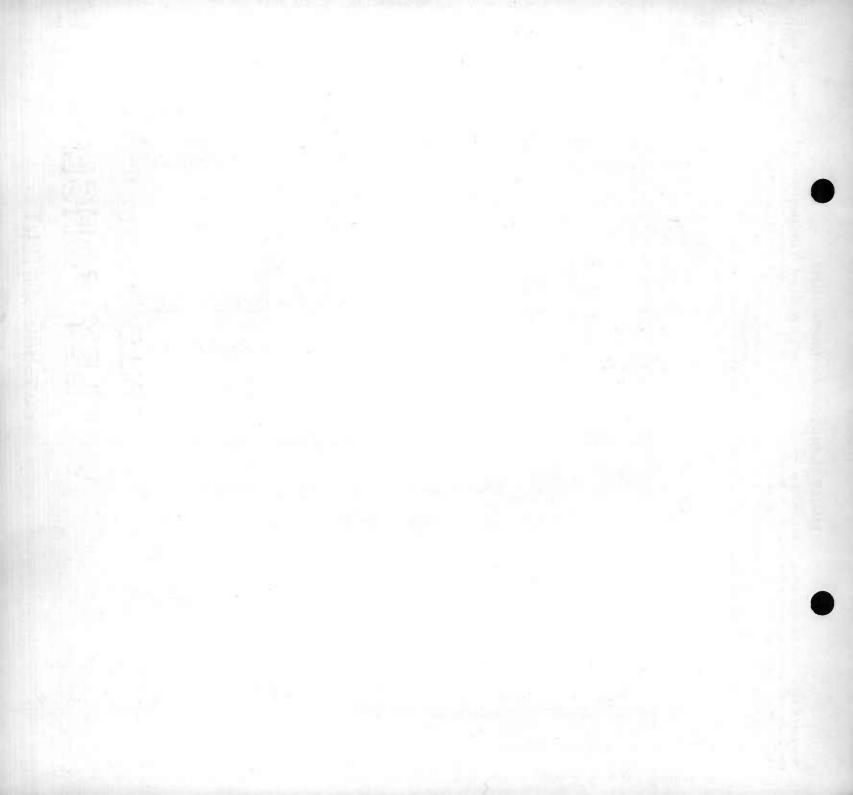
9, 121-6×1-6 The Children and the course there

1901 Laurens St

66 U9533 BALTIMORE CITY HEAL	TH DEPARTMENT 66 09533
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
ELSIE (Essie) CRAWFORD	September 16, 1966   11:30 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE  8. COUNTY
CILLE MANAGE OF THE MOTINE HOCKITAL DRINGSTELLTON CIVE CINCET	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corparate limits, write RURAL and give township)
INSTITUTION	Baltimore (6-0)
Franklin Square Hospital	D. STREET ADDRESS (If rurol, give lacation)
	634 N. Carrollton Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Doys, Haurs, Min.
Female Negro Maris d	4-11-1931
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ta V DI	<u> </u>
TRUNG RODINSON  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na orunknown) (If yes, give war ar dates af service)  16. SOCIAL SECURITY NO.	17. INFORMANT
NO 247-56-6933	Mr. Hugh Clawford 1825 Baker Stra
18. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH STAD T	wound of chest
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury ar camplication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes
	in ar about 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., NJURY OCCUR?
UNDERLYING TO TRIB- TO THE CONTRIB- TO THE CON	Front of 632 N. Carrollton Avenue
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 9 16 66 P m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE Stabbed during altercation.
22.	tapsy 🗴 and that an this basis, death in my apinian
resulted fram: Natural causes Accident Suicid	
Accident the sound of the sound	CHIEF MEDICAL EXAMINER
ACTUAL ()	DATE SIGNED
SIGNATURE hailes lelly M.D.	ASSISTANT MEDICAL EXAMINER X 9/17/66
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	11 11 11000 11- 50
Durial 1-27-60 Kingsuille Melh	Church Com. HAKTSUIJE,
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
AMD A LANGE A SA	Morton & Duct FH. Mul Laurens
VS 151-REV. 1/1/69 22 21 1966 ( ) Com P. January	



VS 150-REV. 1/1/65



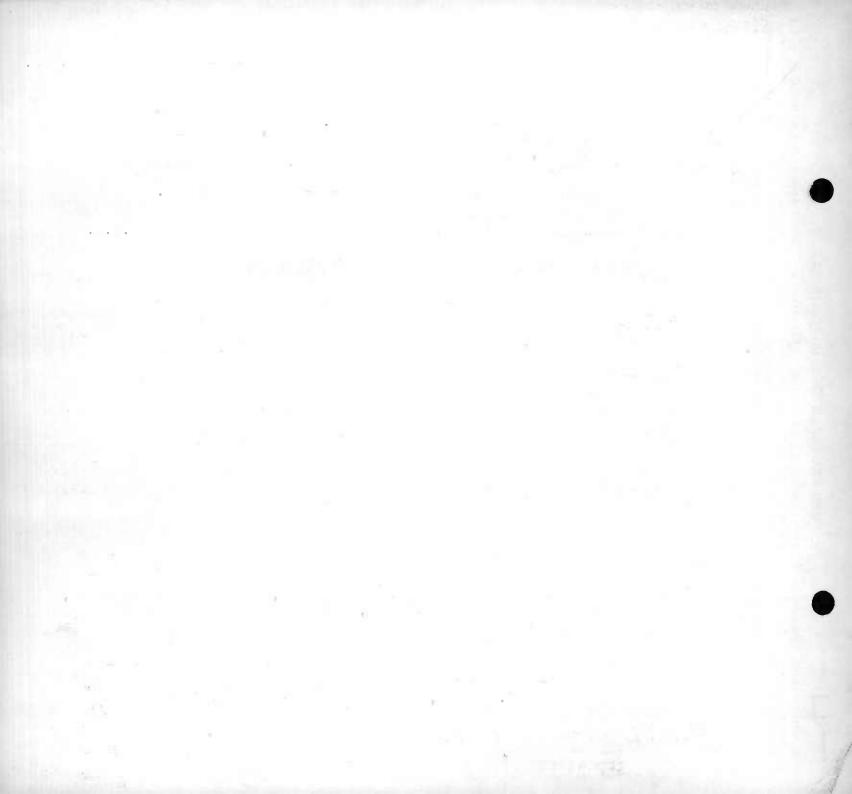
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



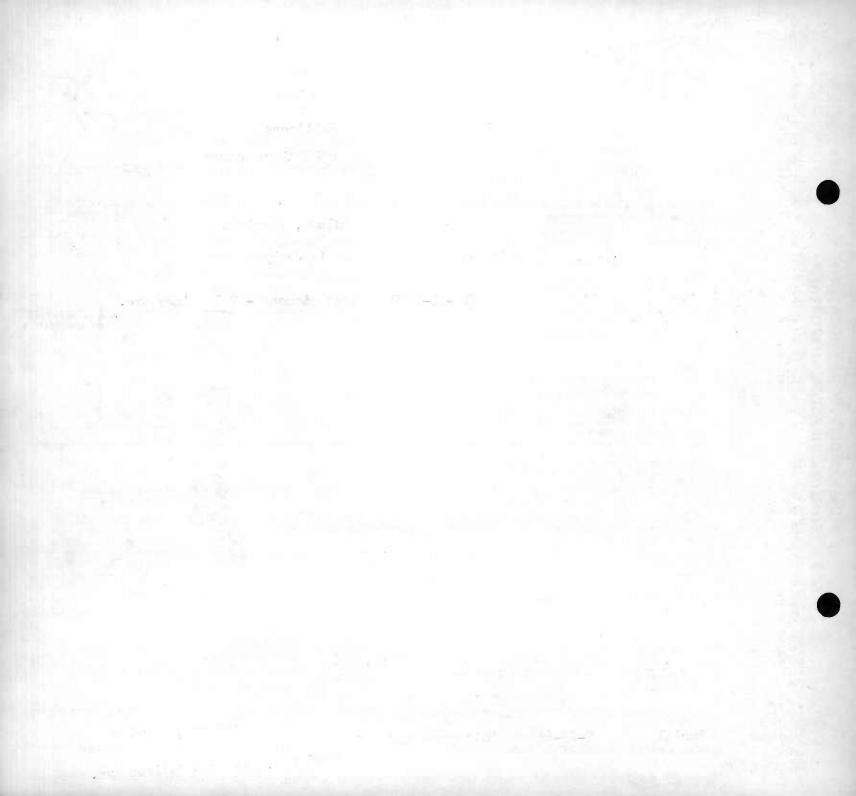
00 03000		BALTIMORE CITY HEALT					6 09536
	ICAL EX	CAMINER'S CE	RTIFICAT	TE OF I	DEATH Registe	red No	
M.E. CASE NO.  1. NAME OF DECEASED				TO DATE AND	D HOUR PRONOUNC	ED DEAD	
(Type or Print)	G1 7 .	te T. Robert		Z. DATE ANI			* 00
		FNIGE (NIII)	9/19	9/66	1:00 p. A		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admis B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		aryland	1 1 9 9	- Dii Dal	1
HOSPITAL OR ADDRESS OR LOCA	(NOIT)		C. CITT OK TO	VIN (II OUISIG	e corparate limits, write	DKAL dn	la give township
			Ва	altimor	e / _	and the same	04
/		AND VIEW ROOM	D. STREET ADD				
Union Memorial	Hospita	1		2132 N.	Calvert St		
5. SEX 6. RACE	7. MARRIED,		B. DATE OF BIRT	Н	9. AGE (in years lost birthdoy)	If Under	1 Yr. If Under 24 H Doys , Hours , Min
female colored	Never	Married	7-24-66		losi birindoy/	13	Doy's Frours Will
IDA. USUAL OCCUPATION (Give kind of world			1. BIRTHPLACE	State or foreig	n cauntry)	12. CITIZE	EN OF
dane during mast of warking life, even if retired)	-			nore, Ma		WHY.	T SOUNTRY?
3. FATHER'S NAME			14. MOTHER'S M				
				zia Gree			
Leon Roberts				Ta Gree	7110		
5. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown), (If yes, give wor or dote	FORCES?	SECURITY NO.	7. INFORMANT	2	23 22 37 0	ADDRESS	
Yes, no orunknown) (If yes, give wor or dote		None	Leon Ro	poerts .	- 2132 N. Ca	Trere	00.
18.		CAUSE	OF DEATH				INTERVAL BETWEEN
000							ONSET AND DEAT
DISEASE OF CONDITION DI LEADING TO DEATH	RECTLY	Inter	stitial p	neumon.	itis and		
(This does not mean the mode of heart failure, asthenia, etc. It means							
heart failure, asthenia, etc. It means injury ar camplication which caused	the disease, death.)	a	ehydratio	on (	SDII)		
						- 199	
ANTECENDENT CAUSE		(B)					
DISEASES OR CONDITIONS, IF A	TATING THE	DUE TO					
UNDERLYING CONDITION LAST.							
Z		(C)					,
H CTUES SIGNIFICANT CONDITIONS	CONTRIBUTE	NC					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	LATED TO T						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING THE DISEASE OF CONDITION CAUSING THE DISEASE OF CONDITION CAUSING THE DISEASE OF CONDITION CAUSING				a /V	loop is we-	INI DINI GO	OLICIDIRATO
19A, DATE OF OPERATION 19B, CON		WHICH OPERATION	20 A. AUTOPSY	? (Tes or No)	208. IF YES, WERE FI		
			yes		yes		
✓ 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., in	fice bldg. INJUR	HERE DID	(If in Baltimore City, g	ive exact lo	cotian)
UNDERLYING OR CONTRIB-	etc.)						
21D TIME (Month) (Day) (Yea	e) (Haur) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?		
OF INJURY (APPROX.)							
	m. \	WHILE AT NOT W	ORK L				
22. I certify that I held an I	naulty	Inspection Auto	psy an	d that on th	Is basis, death in i	my apiniar	n
						process of the last of the las	
resulted from: Natural ca	uses X	Accident			Indetermined mann	er _	
1.00		6/1			AMINER		DATE SIGNED
SIGNATURE Illeric	gh,	5-1 NO.	ASSISTANT M	EDICAL EX	AMINER		
EXAMINER'S			ASSOCIATE M				9/20/66
MANE /F \	erner U	. Spitz, M.D.				11	
23A. BURIAL CREMATION, 238 DATE		C. NAME OF CEMETERY OF	CREMATORY	23 D. L	OCATION (City	, town, ar c	county) (State)
REMOVAL (Specify)  Burial  9-22-6	6	Mt. Auburn		B	altimore, M	arvlan	id
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C FUNED	AL DIRECTOR	,	**	ADDRESS
240, DATE RECO BY REALIN DEPT.	240, NAIVIE	OI REGISTRAK	1				
CED OF MCC.	300	Q .Z D	OHATI	es R. L	aw 802 Madi	son Av	re.
VS 151-REV. 1/1/65			9 3	1 (1		- 11-1	

.s seven . dots - down to 1 Household, are to take the second of the sec AND RESERVED ONLY THE PARTY OF

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

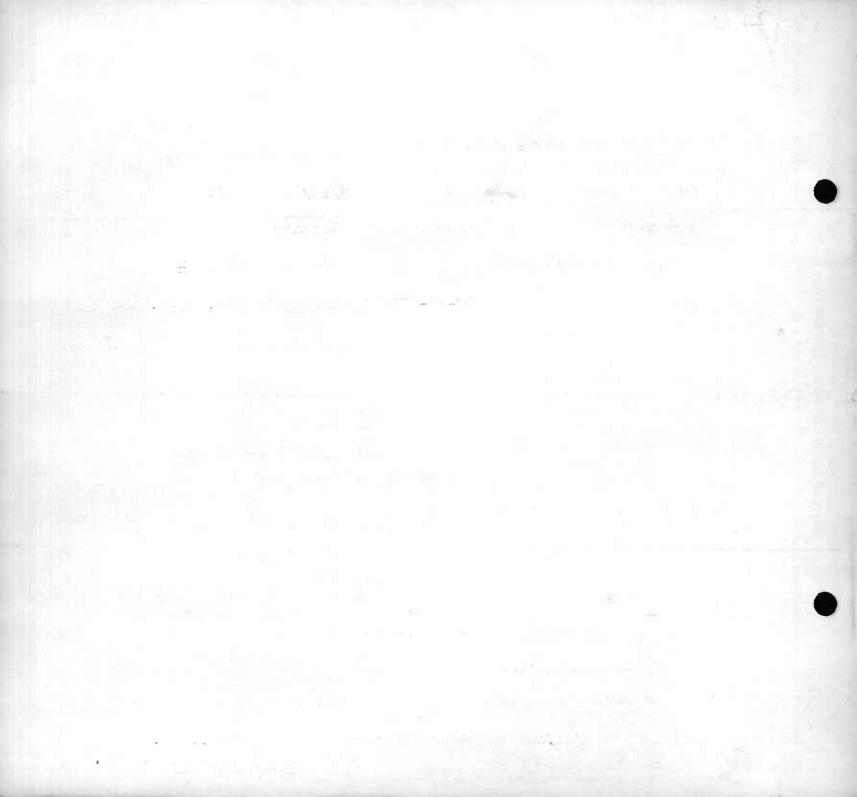


IMPORTANI

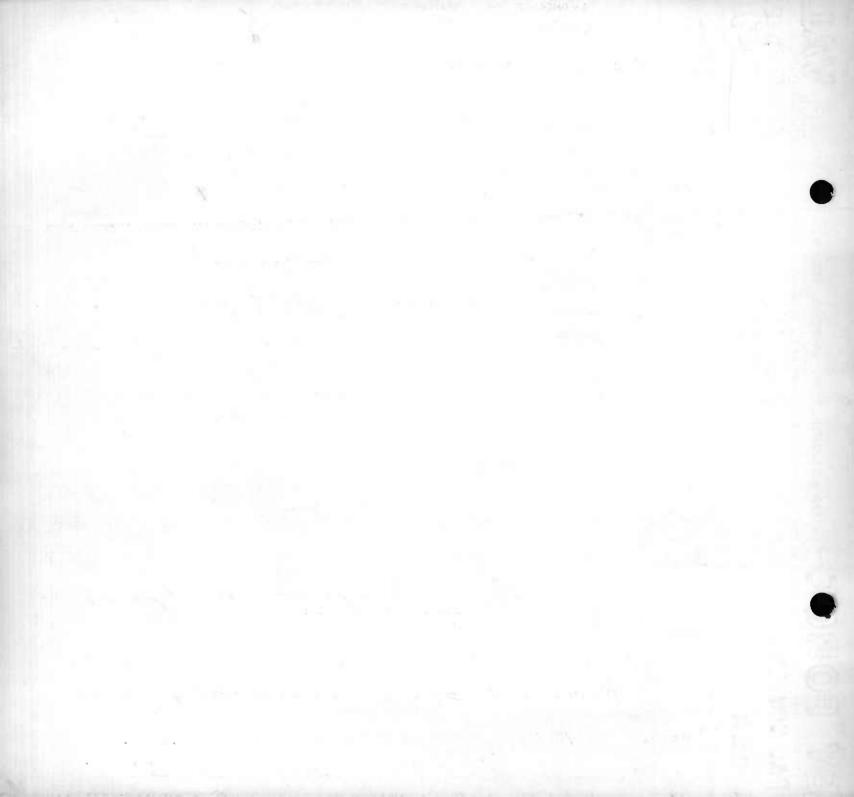
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 2. DATE AND HOUR OF DEATH 4, USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) (If outside city limits, write RURAL and give township) rurol, give location SLASIC /JWY, 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours 12. CITIZEN OF WHAT COUNTRY? U. S. NNA WASSWITZ AODRESS 215-48-6715 T Lucie Altmann, dght. above ONSET AND DEATH PrEWMOND, RENA dISOMO USPECT CENERAL ARTERIO SCIERNIS 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 9/10 9/19 19 66 and that in(my) pointon death occurred on the date (City, town, or county) Balto. Md. nunek Funeral Home, Brehms Lane #13 VS 150-REV. 1/1/65



VS 150-REV. 1/1/65



Autapsy X

Hamicide

M.D. ASSISTANT MEDICAL EXAMINER X

CHIEF MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

3331 Brehms Lane

Suicide

23C. NAME of CEMETERY OF CREMATORY

Inspection

Accident

Charles S. Petty, M.D.

I certify that I held an Inquiry

resulted fram: Natural causes X

23B. DATE

ACTUAL

23A, BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/65

Burial

SIGNATURE

**EXAMINER'S** 

NAME (Type)

and that an this basis, death in my apinian

23D. LOCATION

Cemetery 26 FUNERAL POREGIOR Schimunek Funeral Home, Inc.

Maryland

Undetermined manner

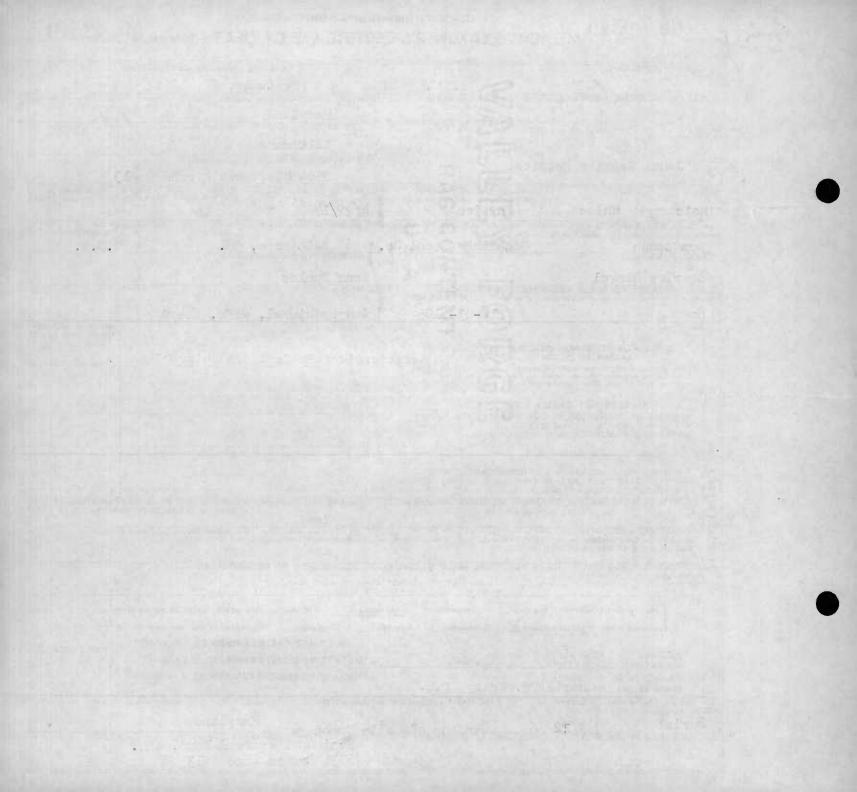
DATE SIGNED

(Stote)

9/18/66

ADDRESS

(City, town, or county)



BIRTH N	NO. 66	09541		CERTIFICA			Registered No	66	09541
1. NAM	E OF DECEASED	CURRID	MARGA	ARET MARY			TEMBER 16		1:55P
	NAME OF	BALTIMORE, MA	RYLAND		4. USUAL RES A. STATE MARY!	IDENCE (WI	rere deceased lived. II		ence before odmis
HOSI	PITAL OR ITUTION	ST. AGNE	ES HOSI WILKEN	PITAL NS AVES.	BALT	MORE	outside city limits, write	e RURAL ond giv	re township)
		BALTIMOR			1	AKLEE	VILLAGE		
FEN	MALE 6. RA	HITE		NEVER MARRIED  O, DIVORCED (specify)	9-30-89		9. AGE (In years lost birthday)	Months Doy	Yr. If Under 24 ys Hours Mi
		lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	MARYLA		reign country)	U.S.	COUNTRY?
	HER'S NAME				14. MOTHER'S	MAIDEN N	AME		
JA	AMES J	CURRID			BARBA	ARA \$3	KRYAKKYX ST	RAHLER	
Yes, no		n U. S. Armed For s, give wor or dote		16. SOCIAL SECURITY NO. 214032702			LIZABETH CU HOSPITAL		
VOI OT TO	e ta )he abo NDERLYING COI THER S)GN)F)CAN O THE DEATH	ONDITIONS, if the cause (A) NDITION las).  II CONDITIONS C BUT NOT RELADITION CAUSING	s)o)ing the		ense	Zeros	is, arte,	Corony	anterpr-1
ERTIFIC V61	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED					SY? (Yes or	No.) 20B. IF YES, WER	E FINDINGS CO AUSES OF DEA	NSIDERED TH?
U 21 A	CONTRIBUTING ATH (notify medic		21B hom etc.	PLACE OF INJURY (e.g., i ne, form, foctory, street, o	n or about 21 C. V ffice bldg., INJUR	WHERE DID	(If in Boltim	ore City, give ex	oct locotion)
S OF	PROX.)	th) (Doy) (Year)		ile At Not Whi		OW DID IN	IJURY OCCUR?		
tho	ot (I) (we) lost	saw the decease	d alive on	SEPTEMBER		5 and	that in (my) (our) o	EPTEMBE	17
23A	. SIGN APORE	the couses sta	ted above. (	M.D. Att.	ending	Med.	SIJH PHYS.	23B, DATE SI	GNED
230	NAME (Type)	Hilip L	-Lelau	14 p M.D.	ST. AC	SNES H	HOSP; CATON	& WILK	ENS AVE
	BURIAL BURIAL			AME OF CEMETERY OF CR			ATTIMORE,	City, town, or co	
?5A. D	ATE REC'D BY H			OF NEGISTRAR DELIMA	25C. FUNER	AL DIRECTO	•		ADDRESS
\$ 150-	-REV. 1/1/65		++	- 13 (f - 13 m	E) E,	(1 1			

MARKET LONG TO THE SET AT LONG THE SET OF SECURITION 1 2'non 

and the second s

with the state of the state of

If Under 24 Hrs.

INTERVAL BETWEEN ONSET AND DEATH

MARYLAND

ADDRESS

hospital

0

death

IMPORTANT

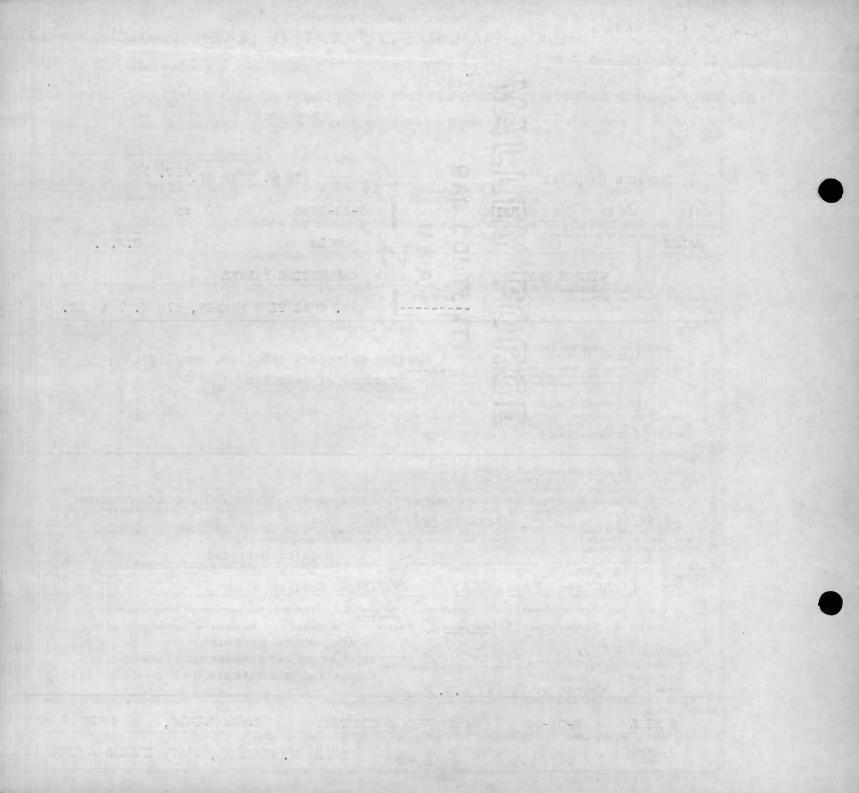
DIRECTOR:

FUNERAL

by

42 PM - 37 PM - 22 THE STATE OF A .2.7 ELICITICS RELIGIONS [ 100] THE LESS STREET THE EST OF THE STATE OF THE STA 243 (5 - 1 545) 138 43 L 2370392 L

IRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICATE OF	DEATH Registe	red No. 66 09543		
M.E. CASE NO.								
NAME OF DEC	CEASED	Arthur	A. Morris	2. DATE	and hour pronounce	9/66 2:10 a. M.		
PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Whe	ere deceosed lived. If insti	itution: residence before odmissian)		
ULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION, GIVE STREET	New Yor	k	RURAL and give township)		
NSTITUTION				New You	ral, give location)	1-79		
Hon	kins Hospital			170 W.	ΛDT	704		
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs.		
male	white	MARRIE		2-11-1886 Y11. BIRTHPLACE (State or fo	80 81	Months Doys Hours Min.		
SALES	working life, even if retired)	KIND OF	BONNESS OK INDUSTR	OHIO		WHAT COUNTRY?		
3. FATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	ME			
	WILSON M			CLEMENTINE I	PARKER			
	D EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT	A STATE OF THE REAL PROPERTY.	ADDRESS		
NO				MRS. CHRISTIN	NE MORRIS, 170	O W. 74th ST. NEW YO		
1B. 4-6	XY	903	CAUSI	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEA	SE OR CONDITION DI		Maggir	zo nulmanenz amb	olism compli	icatila		
(This does	not mean the made of	dvina e.a.	- B U6-TO-	ve pulmonary emb		reacting		
injury or co	, osthenio, etc. It meons mplication which caused	deoth.)	fra	acture of left h	nip			
1	ANTECENDENT CAUSE	S						
DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
	IE ABOVE CAUSE (A) S' NG CONDITION LAST.	TATING THE				the state of the same		
Z			(C)					
TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T						
-	F OPERATION 1198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE FII	NDINGS CONSIDERED		
00	8/66 WAS PER	FORMED	cture left hi		IN CERTIFYING CAUS			
€ 21A. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	yes Of the Boltimore City, given	ve exoct location)		
UTING EXCAU	OR CONTRIB-	home etc.)		office bldg., INJURY OCCUR?				
Z 21D TIME	(Manth) (Doy) (Yeo	r) (Hour) 2	hospital	Hopkins I	NJURY OCCUR?			
OF INJURY (APPROX.)	7 28 66	2		while x fell on				
22. I cer	tify that I held on I	ngulry			this bosis, deoth in m	ny opinion		
	Ited from: Notural co	—		de Homicide				
.030	1			CHIEF MEDICAL				
ACTUA		44	7 //-			DATE SIGNED		
SIGNAT			M.D	ASSOCIATE MEDICAL		9/19/66		
NAME (						(54-4)		
23A, BURIAL CRE REMOVAL (Specif		23	C. NAME of CEMETERY	or CREMATORY 23E	LOCATION (City,	, town, or county) (Stote)		
BURL	AL 9-22-		LOUDONVILLE		LOUDONVILLE,			
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIRECT		ADDRESS		
5	EP 21 1966 (	D. Centr	E. Farbuna	HOWARD H. H	UBBARD, 4107	WILKENS AVENUE 2122		
VS 151-REV. 1/1/	/65	10.0			4.3	v		



The Late

A TINICH SEAS ... TE

11 11 11 11 11 11

Ta Edoktor

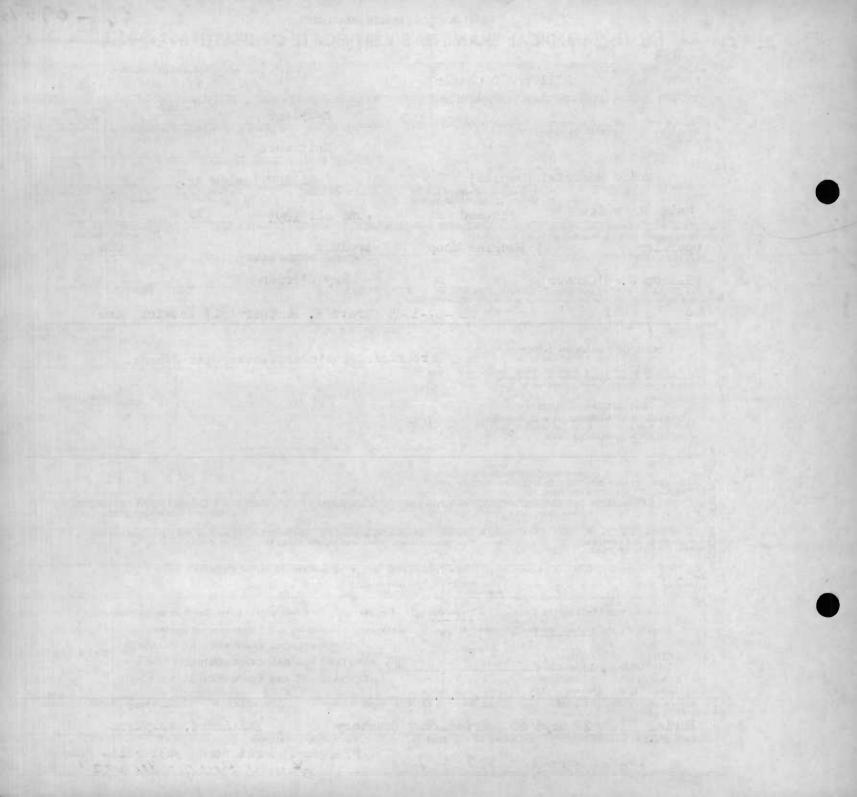
English Te

III was to pay (MI)

20.00

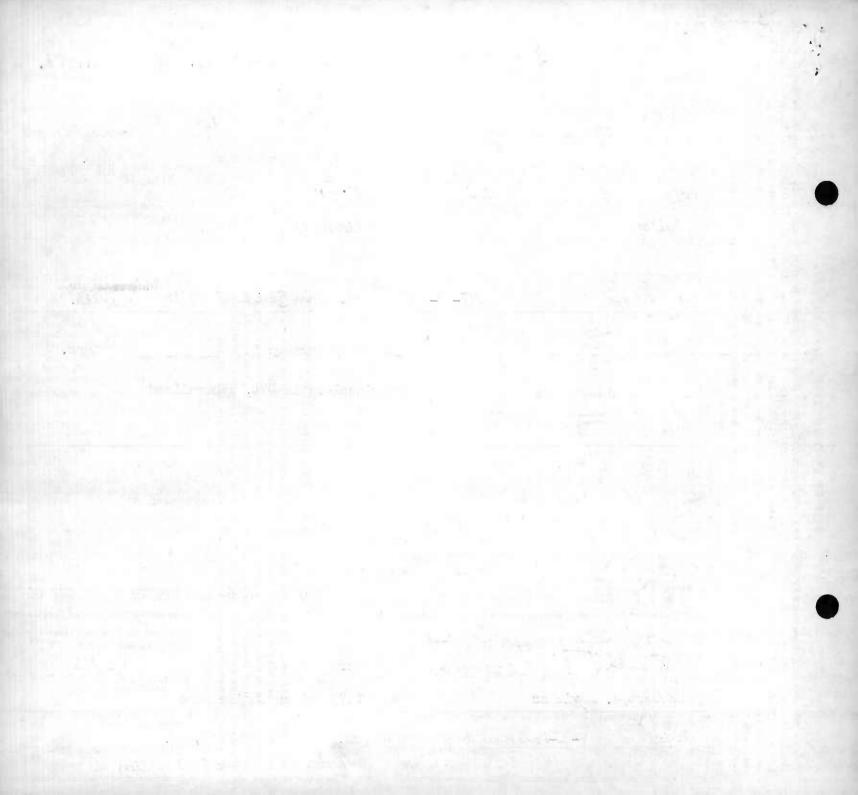
MEL. SITA

BIRTH M.E.	NO. 86 095	4MEDI		AMINER'S CI			DEATH Registe	ered Na.	icen 99
	ME OF DECEASED	Will	iam O'	Connor	1.28	2. DATE AN	D HOUR PRONOUNCE		1:00 p.
FULL	TAL OR ADDRE		L OR INSTITU	TION, GIVE STREET	A. STATE Mar	yland	deceosed lived. If ins B. COI	УТТ	27-14
IN STIT	Union Union M	emorial	Hospit	a1	D. STREET ADDR		give locotion) mslow Rd.		
5. SEX			7. MARRIED,	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH		9. AGE (In years lost birthday)		Yr. If Under 24 Hrs.
done d	SUAL OCCUPATION (Gi uring most of working life, e perator THER'S NAME			ne Shop	Ireland	1200		12. CITIZEN WHAT	COUNTRY?
15. W./ (Yes, n	illiam J. O'	U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	Mary 0	Erien		ADDRESS	
Ye		(initial)		218-07-1385	Treva E.	Bortne	r 4527 Kesw	ick Ros	ıd
1 18	DISEASE OR COM	to DEATH	dying, e.g.,		of DEATH	cardio	vascular di	C	NTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)								
	A. DATE OF OPERATION	WAS PERF	ORMED	VHICH OPERATION	n	10	20B. IF YES, WERE FI	SES OF DEAT	rH?
OU	A. EXTERNAL CAUSE WINDERLYING OR CONTI	RIB-	home, etc.)	PLACE OF INJURY (e.g., i form, foctory, street, o	ffice bldg., INJURY	OCCUR?		ive exoct loca	olion)
0 (4	FINJURY (PPROX.)	(Doy) (Yeor)		HILE AT NOT AT W	WHILE	DW DID INJU	IRY OCCUR?	33 Y	
2:	I certify that I resulted from:  ACTUAL SIGNATURE EXAMINER'S		ses X A	Suicide Suicide M. D.	Hamlei	de	AMINER X		DATE SIGNED 9/19/66
REMO	BURIAL CREMATION, DVAL (Specify) Burial	23 Sept	230	Preenmount Cer		200	altimore, M	, town, or cou	inty) (Stote)
	OATE REC'D BY HEALTH	DEPT.	24B. NAME	E Falle MA	24C. FUNERA	Funera		AD	s Road

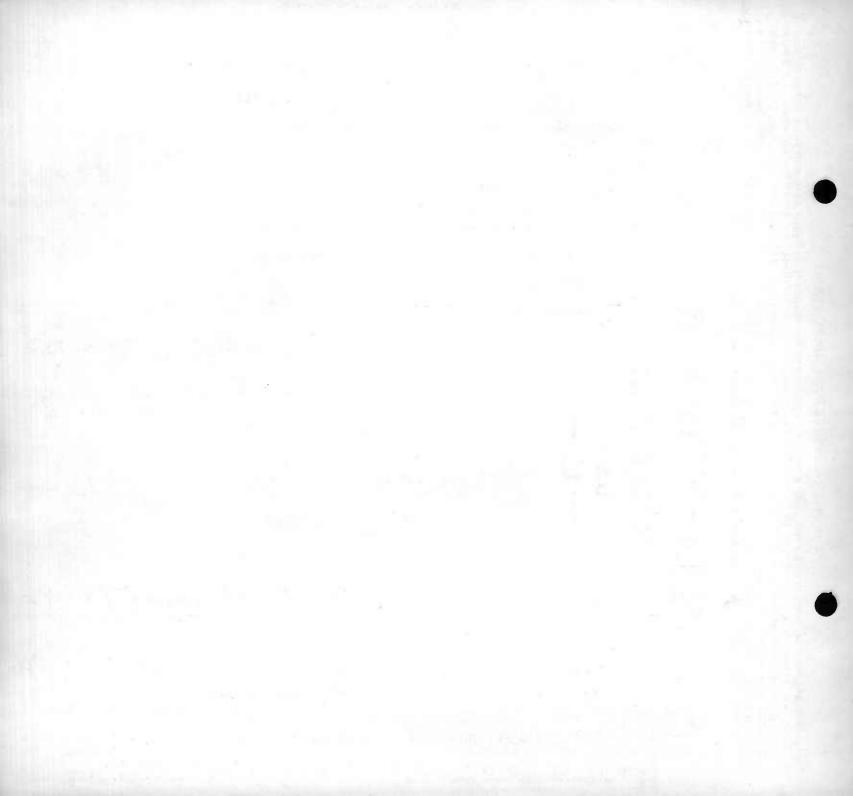


ype or Print)			2. DATE AND HOUR OF DEATH					
	Joseph	1 Balchunas	September 19,1966	11:30 A.				
FULL NAME OHOSPITAL OR	F (If not in hespitel oddress er lecetion	or institution, give sheet	4. USUAL RESIDENCE (Where decessed lived, II institution: residence before edmission A. STATE  Maryland  C. CITY OR TOWN (If eutside city limits, write RURAL end give township)  Baltimore 21230					
INSTITUTION	1708 De So							
)	1700 Be 30		D. STREET ADDRESS (If rurel, give lecetion) 1708 De Soto Road					
Male	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH Nov. 27, 1883  9. AGE (In yeers lest birthdoy) 82	Menths Deys Heurs Mir				
	werking life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Lithuania	12. CITIZEN OF WHAT COUNTRY?				
FATHER'S NAA	ΛE		14. MOTHER'S MAIDEN NAME					
. Was Deceased es, no or unknewn	Ever in U. S. Armed For III yes, give wer or dete	ces? s el service) 16. SOCIAL SECURITY NO. 217-52-5387	Mrs. Agnes Graighead Taken	Adenmoor Ave				
18. 4-2	0,/1	CAUSE O	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH				
	E OR CONDITION DIR		ronary thrombosis	4 hrs.				
DISEASES C	ANTECEDENT CAUSES  OR CONDITIONS, if a abave cause (A) G CONDITION last.	DUE TO any, giving	riosclerotic CVD, generalize					
TO THE DI	FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING I	TED TO THE						
	OPERATION 198. CON	DITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or Ne) 20 B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?				
19A. DATE OF	21A. A CCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or ebeut 21 C. WHERE DID (If in Beltimore City. OR CONTRIBUTING CAUSE OF home, ferm, loctery, street, office bldg., INJURY OCCUR? etc.)							
OR CONTRIBU	TING CAUSE OF	home, ferm, loctery, street, of	If in Beltimore	City, give exact locetien)				
OR CONTRIBU	TING CAUSE OF	home, ferm, loctery, street, ol	21F. HOW DID INJURY OCCUR?	City, give exoct locetien)				
21A. ACCIDEN OR CONTRIBU DEATH (netily 21D. TIME OF INJURY (APPROX.)	ITING CAUSE OF medicel exemines)  (Month) (Dey) (Year)	home, ferm, loctery, street, of etc.)  (Heur)  21E. INJURY OCCURRED  While At Net While At Work  ) attended the deceased from	21F. HOW DID INJURY OCCUR?					
OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we)	TING CAUSE OF medicel exemines)  (Month) (Dey) (Year)  that (1) (this hospital last saw the decease	home, ferm, loctery, street, of etc.)  (Heur) 21E INJURY OCCURRED While At Net While At Work  ) attended the deceased fram d allve an 9/19	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  3/30 1966 ta 2	9/19 19 60				
OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and	that (1) (this hospital last saw the decease	home, ferm, loctery, street, of etc.)  (Heur)  21E INJURY OCCURRED  While At Net While At Work  ) attended the deceased fram	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  3/30 1966 ta 2	9/19 19 60 nian death accurred an the				
OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we)	that (1) (this hospital last saw the decease	home, ferm, loctery, street, of etc.)  (Heur)  21E INJURY OCCURRED  While A1 Net While A1 Work  ) attended the deceased fram dalive an 9/19  ed above. (1)(We) (did) (did nat) v	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  3/30 1966 ta 3  19 66 and that în (my) (aur) apir view the bady after death.	238, DATE SIGNED				
OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and	TING CAUSE OF medicel exemines)  (Month) (Dey) (Year)  that (1) (this hospital last saw the decease from the causes state RE	home, ferm, loctery, street, of etc.)  (Heur)  21E. INJURY OCCURRED  While At Net While At Work  ) attended the deceased fram dalive an 9/19  ed above. (1)(We) (3id) (did nat) vertical M.D. Atter Phy	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  3/30 1966 ta 3  19 66 and that în (my) (aur) apir view the bady after death.	9/19 19 60 nian death accurred an the				

Thomas J Kenny Inc 1600 Hollins St



	66 095	AT	BALTIMORE CITY	Y HEALTH DEPARTMENT		CC BOSAM			
BIRTH NO.	00 030	74 /	CERTIFICA	TE OF DEATH	Registered Na.	66 09547			
ME CASE NO.	CEACED				HOUR OF DEATH				
Type or Print)		C. Simm	ls		ber 18, 1				
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where	deceased tived. It i	institution: lesidence before admissio			
FULL NAME HOSPITAL O		or institution,	give street	Maryland, 2121 c. city or town (If outsi	1	12-07			
INSTITUTION					de city limits, write	KUKAL ond give township)			
1-11	The Gould Conv		.um	Baltimore D. STREET ADDRESS (If ru	rol, give location)				
	6116 Belair Ro	ad		206 West Lorra		9			
Male	6. RACE White		D. DIVORCED (specify)	July 23,1886	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.			
	CUPATION (Give kind of wor	k 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?			
Machin		B & 0	Railroad	Eden, Maryland		USA			
13. FATHER'S N	Rufus Simm	ns		Charlotte					
5. Wos Deceas Yes, no or unkno	ed Ever in U. S. Armed For wn) (If yes, give war or date	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No	***		705-12-1278	Esty M. Simms (1	Vife) Sa	ame			
DISEASES	e, osthenio, etc. It means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost.	death.) ony, giving	Honer	elizedserere ar	teriscle	rogis			
OTHER SIG	DEATH BUT NOT RELATED CONDITION CAUSING	ATED TO TH	te Emo	recation					
O THE DISEASE CO	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?			
OR CONTR	DENT WAS UNDERLYING DENTING CAUSE OF CA	218 hor etc	ne, form, foctory, street, o	in or obout 21C. WHERE DID ffice bldg INJURY OCCUR?	(If in Baltimo	re City, give exoct location)			
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	W	While At Not While						
(AFFROA)		W	ork	0,1,5	11 0	7/4/0/11			
22. I certi	fy that (I) ( <del>this hoopits</del>	4) attended t	the decreased from	189 (1) 19	66 10 X	pl / 8 1994			
that (I) (w	that (1) ( ) last saw the deceased alive an Sept 19 66 and that in (my) ( ) aprillan death accurred on the da								
and have	and from the courses sta	ted above (	1) ( (did) (did)	view the bady after death.					
28A. SIENA		4	., 3, (0.0) (2000)	The budy dilot deallis		23B, DATE SIGNED			
	1/20	0 40	A AM.D. AH	ending Med.	itoff	Q1A.20 10			
1-0	Mar	100	Ph	ys. Director L P	Phys.	Jape 4, 19			
23C. PHYSIC		- Herbo	1d	4706 Harford Ro	nd=111 /	Dles on			
	naroid y	· Har bo	M.D.	-/00 nariord Ro	au 14 /	Sillimus In			
24A. BURIAL C	REMATION, 24B. DATE	24C. N	AME of CEMETERY OF CE	REMATORY 24D. LO	CATION (	City, town, or county) (State			
Buria		066 04	Tohma Math. 3	i at Ohmali O	13	1 1/1			
	D BY HEALTH DEPT.	25R NAME	of registrar	ist Church Cemete	ry Fruitle	and, Md.			
LUMI DATE REC				Eugenia K. Se		York Rd.			
	SEP 22 1966	10 Due 1	E. Farbura	Seitz Funeral		to. Md. 21212			
VS 150-REV. 1/	1/65	- 10		a cast of it					



BALTIMORE CITY HEALTH DEPARTMENT

ALCENIA LOS SERVICES DE L'ALCENIA LOS SERVICES DE L'ALCENIA DE L'ALCEN

ET. PENES INSPIRE TITES TITES TELE

zi. J hardis i

TELERAL STIRL SURES

Start's LUIS LLLAND

OT . WARRED RECORD C -C. TURN G-T LEGGE

TT. 'SHES HOSEN CHL; CATON & WALKSHEDIN,

00 09349	66	09549	
----------	----	-------	--

BALTIMORE CITY HEALTH DEPARTMENT

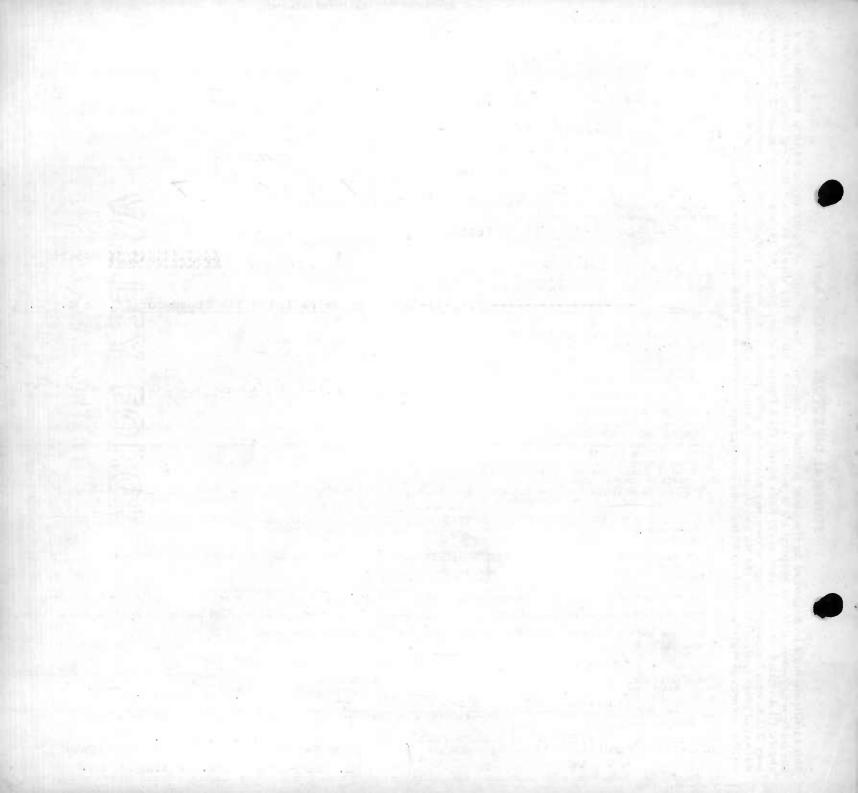
12 GOE AL

8	IRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	00 09349		
	A.E. CASE NO.	CERTIFICA					
	Type or Print) LUCILLE	BARRICK	2. DATE AN	PT. 1419	66 1:00 P. M.		
3	. PLACE OF DEATH IN BALTIMORE, MAR	YLAND		e deceased lived. If institu	ution: residence before admission)		
1	FULL NAME OF (If not in hospital of HOSPITAL OR address or location)	r institution, give street	A. STATE 8. COUNTY 20-03				
1	INSTITUTION	A /	C. CITY OR TOWN (If out	side city limits, write RUR	AL and give toy yship)		
1		escent Home	D. STREET ADDRESS (IF	prol, give location	Mul		
1	3706 Nortonia		1931 106	us to	Christian		
5	SEX 6. RACE	7. MARRIED, NEVER MARRIED		AGE (In years	F Under 1 Yr. If Under 24 Hrs.		
1	Espelo White	WIDOWED, DIVORCED (specify)	May 22, 1886	80			
	0A, USUAL OCCUPATION (Give kind of work) one during most of working life, eyen if retired)	10 B. KIND OF BUSINESS OR INDUSTRY	11. MRTHPLA CE (State or foreign	gn country)	2. CITIZEN OF WHAT, COUNTRY?		
	unthrouse	unknown	Marulan	12.	V. J. A.		
1	3. FATHER'S NAME	- Coponina - T	14. MOTHER'S MAIDEN NAM	AE	11-4		
ı		a kasa sa	6.				
1	5. Was Deceased Ever in U. S. Armed Forc		17. INFORMANT	wn	ADDRESS MAKE		
	res, na ar unknown) (If yes, give war ar dates	SECURITY NO.	in mit Min	1 1/2	Ballinone 1		
-	18. 3	CAUSE OF	DEATH	ing rome,	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRE			1 1	ONSET AND DEATH		
	LEADING TO DEATH	(A) Ca	ranoma o	1 lover	unknown		
1	(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused	dying, e.g., DUE TO					
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if a	DUE TO					
ı	rise to the obave couse (A)			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	400400000000000000000000000000000000000		
	UNDERLYING CONDITION lost.						
1	OTHER SIGNIFICANT CONDITIONS CO	TED TO THE					
	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED		
	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Baltimare C	ity, give exact lacation)		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, foctory, street, aft	ince biags, indokt occok:				
	O 21D. TIME (Month) (Dov) (Year)	(Hour 21E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?			
	OF INJURY (APPROX.)	While At Work  Not While At Work					
	22. I certify that (I) (This hospital)		July 13 1	all a der	1 14 1066		
		_	19/3/ and the	16			
	that (I) (we) last saw the deceased			orin(my) ( <del>out</del> ) opinio	n deoth accurred an the date		
	and hour and from the causes state		iew the body after death.	lac	B. DATE SIGNED		
	23A. SIGNATURE Abroham B. J.	tunning M.D. Atte	nding Med. Director	Stoff Phys.	Sept, 14 1916		
	23C. PHYSICIAMS ABRAHAM	4 B. HURWI 72, MD.	750/ Liberi	4 Re Bull	simore M1.		
2	24A. BURIAL CREMATION, 24B. PATE/	2 C. NAME OF CEMETERY OF CRE	MATORY 1 24D. LO	CATION (City	19wn, ar county) (State)		
	REMOVAL (Speedy)	1812 11 11/11/11	No It	1.60 .111	a Sull		
12	SA. DATE REC'DON HEALTH DEETS	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	GREATURE	ADDRESS		
	SEP 22 1966	Robert E. Farker M.A	nound	D8/			
IF	/S 150-REV. 1/1/65	110	Best BI	N. Barres	and the		
		110	- LACI A CM	120000	4 /		

Commence of lane or house

IMPORTANT

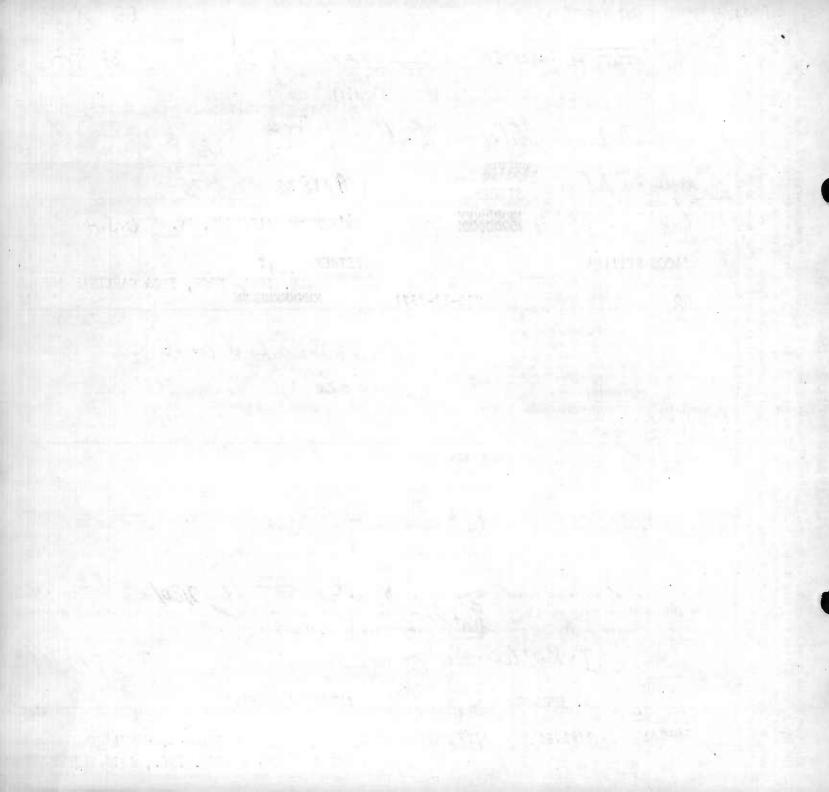
FUNERAL DIRECTOR:

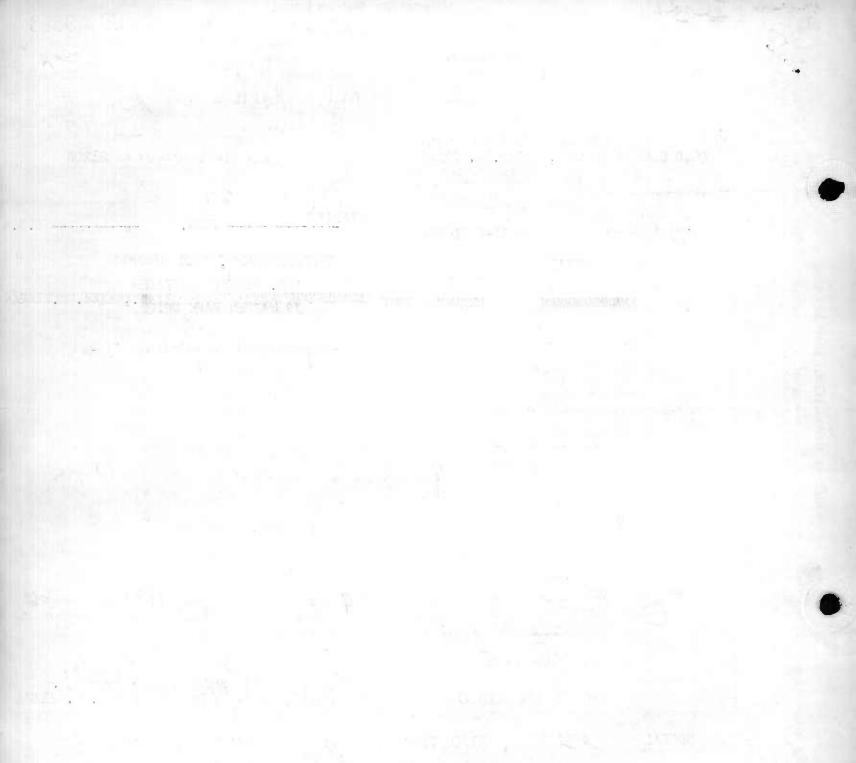


I NAME OF DE	P.C.P.A.C.P.D.							
1. NAME OF DE			20020		TE AND HOUR PRONOUNC			
3. PLACE IN BAI	STEVE	WHERE PRONOUN	REMBISZ CED DEAD		September 17, 1 Where deceased lived. If inst		:10 P M.	
				A. STATE Marylar	R COI		03	
FULL NAME OF	ADDRESS OR LO	TAL OR INSTITUTION	ON, GIVE STREET		outside corporate limits, write	e RURAL ond give	to wnship)	
NOITUTITZNI				Baltimo	ore			
Chu	rch Home and	Hospital		D. STREET ADDRESS	f rural, give location)			
				U	Milton Avenue			
5. SEX	6. RACE	7. MARRIED, NI	EVER MARRIED ORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. I Months Doys	f Under 24 Hrs. Hours, Min.	
Male	White	5116		4-11-1904	63			
	CUPATION (Give kind of w f working life, even if retired	1) 17	, 0.0	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF	NTRY?	
TRESS (	OPERATOR	GNTINEN	NTAL CAN CO.	14. MOTHER'S MAIDEN	VD NAME	1. 1.	. A.	
	0	1100		Ta MOTHER'S MAIDEN	7 /			
OEORO	SED EVER IN U.S. ARM	ED FORCES? 116	S. SOCIAL	17 INFORMANT	LAWOL	ADDRESS		
	n) (If yes, give wor or de		SECURITY NO.	na - M	0	42.1	64.	
NO		DY.	15-05-7344	MR. MICHAE	L NEMBISZ	1240	MILTON	
18, / 6	6 X 1		CAUSE	OF DEATH			AND DEATH	
DISEA	ASE OF CONDITION LEADING TO DEA	DIRECTLY	Du1mo	nary Artery E	imbolicm			
(This does	not meon the mode	of dvina e.a.	(A) TUTINO	nary Arcery F	WIDOTISM			
injury or co	e, osthenio, etc. It meo omplication which couse	d deoth.)				100		
ANTECENDENT CAUSES Left Popliteal Vein Thrombosis.								
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO	2 0 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			200000000000000000000000000000000000000	
UNDERLY	ING CONDITION LAS	T.				736 7.4		
			(C)					
<u>N</u>					***************************************			
OTHER SIG	II GNIFICANT CONDITION	IS CONTRIBUTING						
OTHER SIG		RELATED TO THE						
OTHER SIG	GNIFICANT CONDITION DEATH BUT NOT I OR CONDITION CAUSIL OF OPERATION 198. CO	RELATED TO THE NG IT. ONDITION FOR WH		20A. AUTOPSY? (Yes	or No)  20 <b>8, IF YES, WERE F</b> I		RED	
OTHER SIGN TO THE DISEASE (19A. DATE O	GNIFICANT CONDITION DEATH BUT NOT I OR CONDITION CAUSII OF OPERATION 19B. CC	RELATED TO THE NG IT. DNDITION FOR WH ERFORMED	IICH OPERATION	Yes	IN CERTIFYING CAU	SES OF DEATH?	ered Yes	
OTHER SIGN TO THE DISEASE OF THE DIS	GNIFICANT CONDITION DEATH BUT NOT I OR CONDITION CAUSII OF OPERATION 198. CO WAS P AL CAUSE WAS GOR CONTRIB-	RELATED TO THE NG IT. DINDITION FOR WHERFORMED    218, PL   home,	IICH OPERATION  ACE OF INJURY (e.g.,	Yes	DID (If in Boltimore City, gi	SES OF DEATH?		
OTHER SIGN TO THE DISEASE OF T	GNIFICANT CONDITION DEATH BUT NOT I OR CONDITION CAUSIS OF OPERATION WAS P AL CAUSE WAS	RELATED TO THE NG IT.  DINDITION FOR WHERFORMED	IICH OPERATION  ACE OF INJURY (e.g.,	Yes	DID (If in Boltimore City, gi	SES OF DEATH?		
OTHER SIGN TO THE DISEASE OF THE DIS	GNIFICANT CONDITION DEATH BUT NOT I OR CONDITION CAUSII OF OPERATION 198. CO WAS P  AL CAUSE WAS OF CONTRIB- USE OF DEATH.	RELATED TO THE NG IT.  DNDITION FOR WHERFORMED  21B. PL/home, etc.)	IICH OPERATION  ACE OF INJURY (e.g.,	Yes n or obout 21C. WHERE ffice bldg., NJURY OCCU	DID (If in Boltimore City, gi	SES OF DEATH?		
OTHER SIGN TO THE DISEASE OF THE DIS	GNIFICANT CONDITION DEATH BUT NOT I OR CONDITION CAUSII OF OPERATION 19B. CO WAS P  AL CAUSE WAS GOR CONTRIB- USE OF DEATH.	RELATED TO THE NG IT.  DNDITION FOR WHERFORMED  218, PL/home, etc.)  eoi) (Hour) 21E.	ACE OF INJURY (e.g., form, foctory, street, o	Yes n or obout 21C, WHERE ffice bldg., NJURY OCCL	IN CERTIFYING CAU DID (If in Boltimore City, gi	SES OF DEATH?		
OTHER SICTION THE DISEASE (19A. DATE OF UNIDERLYING UTING CATTERN).	GNIFICANT CONDITION DEATH BUT NOT I OR CONDITION CAUSII OF OPERATION 198. CO WAS P  AL CAUSE WAS GOOR CONTRIB- USE OF DEATH.  (Month) (Doy) (You	RELATED TO THE NG IT.  DNDITION FOR WHERFORMED  218, PL/home, etc.)  eor) (Hour) 21E.  m. WO	ACE OF INJURY (e.g., form, foctory, street, o	Yes n or obout 21C, WHERE ffice bldg, INJURY OCCU	IN CERTIFYING CAU  DID (If in Boltimore City, gi  JR?  DINJURY OCCUR?	SES OF DEATH?  ve exoct locotion)		
OTHER SICTORY THE DISEASE (TO	GNIFICANT CONDITION DEATH BUT NOT I OR CONDITION CAUSH OF OPERATION 198. CO WAS P  AL CAUSE WAS GOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Your strifty that I held an	RELATED TO THE NG IT.  DNDITION FOR WHERFORMED  21B, PL/home, etc.)  eor) (Hour) 21E.  m, WO  Inquiry	ACE OF INJURY (e.g., form, foctory, street, o	Yes n or obout 21C. WHERE ffice bidg, INJURY OCCU 21F. HOW DIE ORK  opsy X and that	IN CERTIFYING CAU DID (If in Boltimore City, gi JR? D INJURY OCCUR? on this bosis, death in m	ve exoct locotion)  ny opinion		
OTHER SICTORY THE DISEASE (1) TO	GNIFICANT CONDITION DEATH BUT NOT I OR CONDITION CAUSII OF OPERATION 198. CO WAS P  AL CAUSE WAS GOOR CONTRIB- USE OF DEATH.  (Month) (Doy) (You	RELATED TO THE NG IT.  DNDITION FOR WHERFORMED  21B, PL/home, etc.)  eor) (Hour) 21E.  m, WO  Inquiry	ACE OF INJURY (e.g., form, foctory, street, o	Yes n or obout 21C. WHERE ffice bidg., INJURY OCCU  21F. HOW DIE  WHILE  OPSY X and that	IN CERTIFYING CAU DID (If in Boltimore City, gi JR? DINJURY OCCUR?  on this bosis, death in a Undetermined manner	ve exoct locotion)  ny opinion		
TO THE DISEASE (19A, DATE OF OF OF INJURY (APPROX.)  21.   Ceee    ACTUA	GNIFICANT CONDITION DEATH BUT NOT IN DEATH BUT NOT IN DEATH BUT NOT IN DEATH BUT NOT IN DEATH IN IN DEATH IN IN  AL CAUSE WAS BOOR CONTRIB- USE OF DEATH.  (Month) (Doy) (You detertify that I held an ulted from: Natural contributions)	RELATED TO THE NOG IT.  DINDITION FOR WHERFORMED  21B. PL. home, etc.,  (Hour) 21E. m. WH m. WO  Inquiry I	ACE OF INJURY (e.g., form, foctory, street, or injury OCCURRED ILE AT NOT WAT WITH ALL WITH A	Yes n or obout 21C, WHERE ffice bldg., INJURY OCCU  21F, HOW DIE  WHILE OPSY X and that Homicide CHIEF MEDICA	IN CERTIFYING CAU DID (If in Boltimore City, gi JR?  DINJURY OCCUR?  on this bosis, death in m Undetermined mannet	ve exoct locotion)  ny opinion  or		
OTHER SIGNATION OF THE DISEASE (19A. DATE OF THE DISEASE (19A. EXTERN.)  21A, EXTERN. OF INJURY (APPROX.)  22. I ce resu	GNIFICANT CONDITION DEATH BUT NOT IN DEATH BUT NOT IN DEATH BUT NOT IN DEATH BUT NOT IN DEATH STATE IN  AL CAUSE WAS P  AL CAUSE WAS GOOR CONTRIB- USE OF DEATH.  (Month) (Doy) (You pertify that I held an ulted from: Natural columns  AL TURE	RELATED TO THE NG IT.  DNDITION FOR WHERFORMED  218, PL/home, etc.)  eor) (Hour) 21E.  m, WO  Inquiry I	ACE OF INJURY (e.g., form, foctory, street, o	Yes n or obout 21C, WHERE ffice bidg., INJURY OCCU  21F, HOW DIE  WHILE  OPSY  HOMICIDE  CHIEF MEDICA  ASSISTANT MEDICA	OINJURY OCCUR?  On this bosis, death in n  Undetermined manner  L EXAMINER	ve exoct locotion)  ny opinion  or   DAT	Yes E SIGNED	
OTHER SIGNATE OF THE DISEASE ( TO THE DI	GNIFICANT CONDITION DEATH BUT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	RELATED TO THE NOG IT.  DINDITION FOR WHERFORMED  21B. PL. home, etc.,  (Hour) 21E. m. WH m. WO  Inquiry I	ACE OF INJURY (e.g., form, foctory, street, or injury occurred like at NOT William Aut. Suicide Suicide M.D.	Yes n or obout 21C, WHERE ffice bldg., INJURY OCCU  21F, HOW DIE  WHILE OPSY X and that Homicide CHIEF MEDICA	OINJURY OCCUR?  On this bosis, death in n  Undetermined manner  L EXAMINER	ve exoct locotion)  ny opinion  or   DAT	Yes	
OTHER SIGNATE OF INJURY (APPROX.)  21D TIME OF INJURY (APPROX.)  22. I ce resultation of the control of the con	GNIFICANT CONDITION DEATH BUT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	PRELATED TO THE NOS IT.  DINDITION FOR WHERFORMED  21B. PL. home, etc., eor) (Hour) 21E. m. WH m. WO  Inquiry I couses X Acc	ACE OF INJURY (e.g., form, foctory, street, or injury occurred like at NOT William Aut. Suicide Suicide M.D.	Yes n or obout 21C, WHERE ffice bidg. INJURY OCCU  21F. HOW DIE  WHILE OPSY And thot Homicide CHIEF MEDICA  ASSISTANT MEDICA  ASSOCIATE MEDICA	IN CERTIFYING CAU DID (If in Boltimore City, gi JR?  DINJURY OCCUR?  On this bosis, death in n Undetermined manne AL EXAMINER  AL EXAMINER	ve exoct locotion)  ny opinion  or   DAT	Yes E SIGNED	
OTHER SIGNAL  EXAMI	GNIFICANT CONDITION DEATH BUT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	PRELATED TO THE NOS IT.  DINDITION FOR WHERFORMED  21B. PL. home, etc., eor) (Hour) 21E. m. WH m. WO  Inquiry I couses X Acc	ACE OF INJURY (e.g., form, foctory, street, or injury OCCURRED ILE AT NOT WAT WITH AT W. Inspection Autorities Suicident Suicident M.D., M.D.	Yes n or obout 21C, WHERE ffice bidg. INJURY OCCU  21F. HOW DIE  WHILE OPSY And thot Homicide CHIEF MEDICA  ASSISTANT MEDICA  ASSOCIATE MEDICA	IN CERTIFYING CAU DID (If in Boltimore City, gi JR?  DINJURY OCCUR?  On this bosis, death in n Undetermined manne AL EXAMINER  AL EXAMINER	ses OF DEATH?  ve exoct locotion)  ny opinion  or   DAT  9/:	Yes TE SIGNED 18/66	
OTHER SIGNATE OF INJURY (APPROX.)  21. I ce  12. I ce  13. EXTERN.  21. TIME OF INJURY (APPROX.)  22. I ce  13. EXTERN.  23. I ce  14. EXTERN.  24. EXTERN.  25. I ce  15. I ce  16. I ce  16. I ce  17. I ce  18. I ce	GNIFICANT CONDITION DEATH BUT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	PRELATED TO THE NOS IT.  DINDITION FOR WHERFORMED  21B. PL. home, etc., eor) (Hour) 21E. m. WH m. WO  Inquiry I couses X Acc	ACE OF INJURY (e.g., form, foctory, street, or injury OCCURRED ILE AT NOT WAT WITH AT W. Inspection Autorities Suicident Suicident M.D., M.D.	Yes n or obout 21C, WHERE ffice bidg INJURY OCCU  21F. HOW DIE  OPSY X and that Homicide CHIEF MEDICA  ASSISTANT MEDICA  ASSOCIATE MEDICA  CREMATORY  CHEFRY	IN CERTIFYING CAU DID (If in Boltimore City, gi JR?  DINJURY OCCUR?  On this bosis, death in n Undetermined manne AL EXAMINER  AL EXAMINER	ses OF DEATH?  ve exoct locotion)  ny opinion  or   DAT  9/:	Yes TE SIGNED 18/66	
OTHER SIGNATE OF TIME OF INJURY (APPROX.)  21. I ce  22. I ce  23. BURIAL CR  REMOVAL (Special Control of the c	GNIFICANT CONDITION DEATH BUT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	PRELATED TO THE NOS IT.  DINDITION FOR WHERFORMED  21B. PL. home, etc., eor) (Hour) 21E. m. WH m. WO  Inquiry I couses X Acc	ACE OF INJURY (e.g., form, foctory, street, or injury OCCURRED ILE AT NOT WAT WITH AT W. Inspection Autorities Suicident Suicident M.D., M.D.	Yes n or obout 21C, WHERE ffice bidg INJURY OCCU  21F. HOW DIE  OPSY X and that Homicide CHIEF MEDICA  ASSISTANT MEDICA  ASSOCIATE MEDICA  CREMATORY  CHEFRY	OIN CERTIFYING CAU  DID (If in Boltimore City, gi  JR?  DINJURY OCCUR?  On this bosis, death in m  Undetermined manno AL EXAMINER  AL EXAMINER   AL EXAMINER   23D. LOCATION (City,	ses OF DEATH?  ve exoct locotion)  ny opinion  or   DAT  9/:	Yes TE SIGNED 18/66	

State 2 441.1944 +3 Priess Operand Grangered Cal marginary George Rendisz Thair Zawok were Tay the Michael Remains 724 Siller Burnet Bearing Holy Rosses Courses Bursinuse Co Was min with a street of the street of

VS 150-REV. 1/1/65





C: 00554	BALTIMORE CIT	Y HEALTH DEPARTMENT						
віятн No. 60 U9554	CERTIFICA	ATE OF DEATH Registered No	- 66 09554					
M.E. CASE NO.  1. NAME OF DECEASED	DOROTHY	2. DATE AND HOUR OF DEATH						
(Type at Print) Evely		1000001	/					
B. PLACE OF DEATH IN BALTIMORE MA		4. USUAL RESIDENCE (Where deceased lived. If	6 11.70 A					
		A. STATE B. COUNTY	manufacture before dumastion					
FULL NAME OF (If not in hospital	or institution, give sheet	Maryland						
HOSPITAL OR addless or locotion	i)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)					
) -	, C. 4-2	Baltimore	6000					
Sinai Hospi	4-1	D. STREET ADDRESS (If rurol, give location)						
		3220 Blueh.	11 159					
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 His Months! Doys Hours Min.					
E W	WIDOWED, DIVORCED (specify)	10-28-18 10st birthday)	Months Doys Hours Min.					
IDA. USUAL OCCUPATION (Give kind of work	10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF					
done during most of working life, even if retired)		PORTSMITH	WHAT COUNTRY?					
MORNAM PROCESSION AND AND AND AND AND AND AND AND AND AN	AT HOME	MANAMADHAMA VINGINIC	U. S. A.					
13. FATHERS NAME HOUSEWIFE	0 - 1	14. MOTHER'S MAIDEN NAME						
Bernard L	. Kesh	FRIEDA Lichter	ste.n					
5, Wos Deceased Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	ADDRESS					
Yes, no ar unknown) (If yes, give war ar dote	s of service) SECURITY NO.	MANAMANANANANANANANANANANANANANANANANAN						
20	215-09-5232	MR. HARRY ENGEL 3220 1	SILIE HILL DOAD #7					
1B. 59/V.		OF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION DIR	ECTLY		ONSET AND DEATH					
LEADING TO DEATH	(A)							
(This does not mean the made of	dying, e.g., DUE TO							
heart failure, asthenia, etc. It means injury ar camplication which caused								
ANTECEDENT CAUSES	(B)							
	DUE TO							
DISEASES OR CONDITIONS, if	stating the	Ost-op Hemmorrhag	e 7days					
UNDERLYING CONDITION last.	, and a phone of the state of t	L.,,,,,,						
11								
OTHER SIGNIFICANT CONDITIONS C								
TO THE DEATH BUT NOT RELA								
19A. DATE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED					
ER13 SCRT 66 WAS PERI	Hen morrhage	Yes IN CERTIFYING C	AUSES OF DEATH?					
U 21 A. ACCIDENT WAS UNDERLYING		in or about 21C. WHERE DID (If in Boltimo	ne City, give exact location)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominet)	home, form, foctary, street,	office bldg., INJURY OCCUR?						
<u>U</u>								
OF INJURY (Month) (Doy) (Year)		21F. HOW DID INJURY OCCUR?						
(APPROX.)	While At Not Wh							
22 1			19500 11					
22. I certify that (1) (this haspital	10,50	A± //	1960 1966					
that (I) (we) last saw the decease	that (I) (we) last saw the deceased alive an 1950+ 1966 and that in(my) (aur) apinio							
and haur and fram the causes stat	and haur and fram the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE	<i>L</i>		23B, DATE SIGNED					
Richard Q	extower M.D. At	tending Med. Stoff ys. Director Phys.	19 Sept 66					
OR BUYERSIANS			113601 00					
23C. PHYSICIAN'S NAME (Type)	3 1, 1	23D. ADDRESS	1					
Michard 6	Berkowitz M.D	. Sinai Hosp	ital					
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION .	City, town, or county) (State)					
REMOVAL (Specify)	ANSHE EMUNAH							
BURIAL 9/20/6	(AITZ CHAIM)	BALTIMORE	MARYLAND					
25A. DATE REC'D BY HEALTH CESTS	26B IN AME OF REGISTRA							
	rocan a management	SOL LEVINSON & BROS. IN	IC. 6010 DETETEDET					
VS 150-REV. 1/1/65		3000	VI VVIV ALISICISI					

Sold Incognitily

Blood Incognition

Better from Line From Filed in Bur. of Bissloticis

American Blook,

THE STATE OF STATE OF

(U-20) METER 2 7.0 (U-20) 250 L. 182 V.E.

The letter that the second of the second of

DATISTON OF T. . TE- PRICE L TI TON LINE SEE

St Sturreb

an fine I seems g

FUNERAL DIRECTOR: IMPORTANT

M.E. CASE NO.	36 09557			Y HEALTH DEPARTMENT	Registered No.	66 09557
			CERTIFICA	ATE OF DEATH		
Type or Print	NIUS E CART	ER			6 66	10:20A
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admis
FULL NAME	OF (If not in hospital	or institution, give	street	MARYLAND	UNITY	Howard
HOSPITAL OR					outside city limits, write	RURAL ord give township)
1.1	AGNES HOSP			JESSUPS D. STREET ADDRESS	(If rural, give location)	63-110
	LKENS & CAT	ON			KLAND MILL	S RD
MALE	6. RACE NEGRO	MARRIED, NEV	PRCED (specify)	8 9 17	9. AGE (In years lost) bighdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
		10B. KIND OF BUS	INESS OR INDUSTR	11. BIRTHPLACE (State or Id	oreign country)	12, CITIZEN OF WHAT COUNTRY?
CARPEN	working lite, even if retired)			MARYLAND		WHAI COUNTRY!
3. FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
SAMUEL				NORA KELLY		
	d Ever in U. S. Armed For		SOCIAL	17. INFORMANT		ADDRESS
NO	(If yes, give wor or dote	is at service)	SECURITY NO.	ST AGNES HOS	SP RECORDS	
18. 3. 3	AV.		CALIFE	OF DEATH	ILECOND3	INTERVAL BETWEEN
	SE OR CONDITION DIR	NECTLY.	CAUSE	01 DEATH		ONSET AND DEATH
DISEA	LEADING TO DEATH	RECILT		RT Ham	lo I's	
(This does	nal mean the mode of	dvina. e.a	DUE TO	Pl Temps	Cya.	***********************************
heart failure,	, asthenia, etc. It means	the disease,			16.	
injury at car	mplication which caused			Julianacusid	Hemorilas	2
	ANTECEDENT CAUSES		DUE TO			<u></u>
	OR CONDITIONS, if					
	ne abave cause (A) G CONDITION last.	siding the	(C)		0 4 = = 0 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	11					
OTHER SIGN	IIFICANT CONDITIONS C					
OTHER SIGN TO THE D DISEASE OR	DEATH BUT NOT RELA CONDITION CAUSING I	TED TO THE				
	F OPERATION 198. CON	DITION FOR WHICH	H OPERATION	120 A	Nol 208, IF YES, WERE	
				20A. AUTOPSY? (Tes of	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21 B. PLA home, fo	CE OF INJURY (e.g., orm, foctory, street,	in or obout 21 C. WHERE DID olfice bldg.,	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  TE City, give exact location
21 A. ACCIDE OR CONTRIB DEATH (notil	UTING CAUSE OF	home, fo	CE OF INJURY (e.g., orm, foctory, street,	in or obout 21 C. WHERE DID	(If in Boltimo	AUSES OF DEATH?
21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY	y medical examiner	(Hour) 21E. INJ While A	URY OCCURRED	pin or obout 23 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.)	WTING CAUSE OF y medical examiner)  (Month) (Doy) (Year)	(Hour) 21E. INJ While A	URY OCCURRED  Not When At Wor	pin or obout 23 C. WHERE DID office bldgs, INJURY OCCUR?	IN CERTIFYING CA	re City, give exact location)
21 A. ACCIDE OR CONTRIB DEATH (notil) 21 D. TIME OF INJURY (APPROX.)	y thotal (this hospital	(Hour) 21 E. INJ While A Work	URY OCCURRED  Not When At Work  ecosed from	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?  TE City, give exact location)
21 A. ACCIDE OR CONTRIB DEATH (notil) 21 D. TIME OF INJURY (APPROX.) 22. I certify	y thotal) (this hospitol	(Hour) 21 E. INJ While A Work  Ottended the dead alive an	URY OCCURRED  Not When the control of the control o	pin or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	IN CERTIFYING CA	AUSES OF DEATH?  TE City, give exact location)
21 A. ACCIDE OR CONTRIB DEATH (notil) 21 D. TIME OF INJURY (APPROX.) 22. I certify	y thotal) (this hospitol	(Hour) 21 E. INJ While A Work  Ottended the dead alive an	URY OCCURRED  Not When the control of the control o	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING CA	AUSES OF DEATH?  TE City, give exact location)
21 A. ACCIDE OR CONTRIB DEATH (notil) 21 D. TIME OF INJURY (APPROX.) 22. I certify thank XIX (we	y thot 1) (this hospital) last sow the decease	(Hour) 21 E. INJ While A Work  Ottended the dead alive an	URY OCCURRED  Not When the control of the control o	pin or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	IN CERTIFYING CA	AUSES OF DEATH?  TE City, give exact location)
21A. ACCIDION CONTRIBUTION OF	y thot 1) (this hospital) last sow the decease	(Hour) 21 E. INJ While A Work  Ottended the dead alive an	Not What Word Course of the Mat Word Course o	21F. HOW DID II  And DID I	IN CERTIFYING CA	AUSES OF DEATH?  THE City, give exact location)  9 16 19 6  Inion death occurred on the
21A. ACCIDION CONTRIBUTION CONT	y thotal) (this hospital ) last sow the decease and from the causes stat	(Hour) 21 E. INJ While A Work  Ottended the dead alive an	Not What Word Course of the Mat Word Course o	21F. HOW DID II  And DID I	IN CERTIFYING CA	9 16 19 6 inion death occurred on the
21A. ACCIDE OF CONTRIB DEATH (notil) DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certify the XIX (we ond hour on 23A. SIGN AT	y thotal) (this hospital ) last sow the decease and from the causes stat	(Hour) 21 E. INJ While A Work  Ottended the dead alive an	Not When the state of the state	pin or obout 23 C. WHERE DID office bidgs, INJURY OCCUR?  21F. HOW DID to the line of the	IN CERTIFYING CA	9 16 19 6 inion death occurred on the
21A. ACCIDED OF CONTRIBED DEATH (notiled to provide the contribed of the contribution	y that () (this hospital ) last sow the decease and from the causes stat  URE	(Hour) 21E INJ While A Work  1) attended the dead alive an	Not What Word of the Mark Word of the Ma	21F. HOW DID II nile 21F. HOW DID II nile 31F. How	IN CERTIFYING CA	PAUSES OF DEATH?  THE City, give exact location)  9 16 19 6  Inion death occurred on the  23B. DATE SIGNED  9 16 66
21A. ACCIDE OF CONTRIB DEATH (notil DEATH (notil OF INJURY (APPROX.)  22. I certify th XIX (we ond hour on 23A. SIGNAT  23C. PHYSICI, NAME (	y thotal) (this hospital ) last sow the decease and from the causes stat  URE  AN'S Type)  EMATION, 248. DATE	(Hour) 21E INJ While A Work  1) ottended the died alive an	of CEMETERY or C	pin or obout 23 C. WHERE DID office bidgs, INJURY OCCUR?  21F. HOW DID to the state of the state	IN CERTIFYING CA	9 16 19 6 inion death occurred on the 238. DATE SIGNED 9 16 66
OR CONTRIB DEATH (notil DEATH (notil OF INJURY (APPROX.)  22. I certify th XIX (we ond hour on 23A. SIGNAT  23C. PHYSICII NAME (	y medical examiner)  (Month) (Day) (Year)  y that () (this hospital) last sow the decease and from the causes statute  URE  EMATION, 248. DATE 9-20-6	(Hour) 21E INJ While A Work  1) ottended the di ad above. (() (W	of CEMETERY of C Baptist	in or obout 23 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID II  19 0 ond  vlew the body ofter deott  ttending Med. Director  23D. ADDRESS  REMATORY Church.	IN CERTIFYING CA	PAUSES OF DEATH?  THE City, give exact location)  9 16 19 6  Inion death occurred on the  23B. DATE SIGNED  9 16 66
21A. ACCIDED OR CONTRIB DEATH (notil DEATH (notil OF INJURY (APPROX.)  22. I certify the XIX (we ond hour on 23A. SIGNAT  23C. PHYSICI, NAME (	y medical examiner)  (Month) (Day) (Year)  y that (Day) (Year)  y that (Month) (This hospital  y that (Month) (This hospital  y that (Month) (This hospital  AN'S Type)  EMATION, 248. DATE  9-20-6	(Hour) 21E INJ While A Work  1) ottended the died alive an	of CEMETERY of C Baptist	pin or obout 23 C. WHERE DID office bidgs, INJURY OCCUR?  21F. HOW DID to the state of the state	IN CERTIFYING CA	9 16 19 6 inion death occurred on the 238. DATE SIGNED 9 16 66

32 W. Ma 1-

ALT'S STILL

arrest form to

29133EL

n e dhadhadhan it wa

MES C

10.00

\_= 1311 1/1

VALUE SECTION

THE SER MEDIL ESHE TO

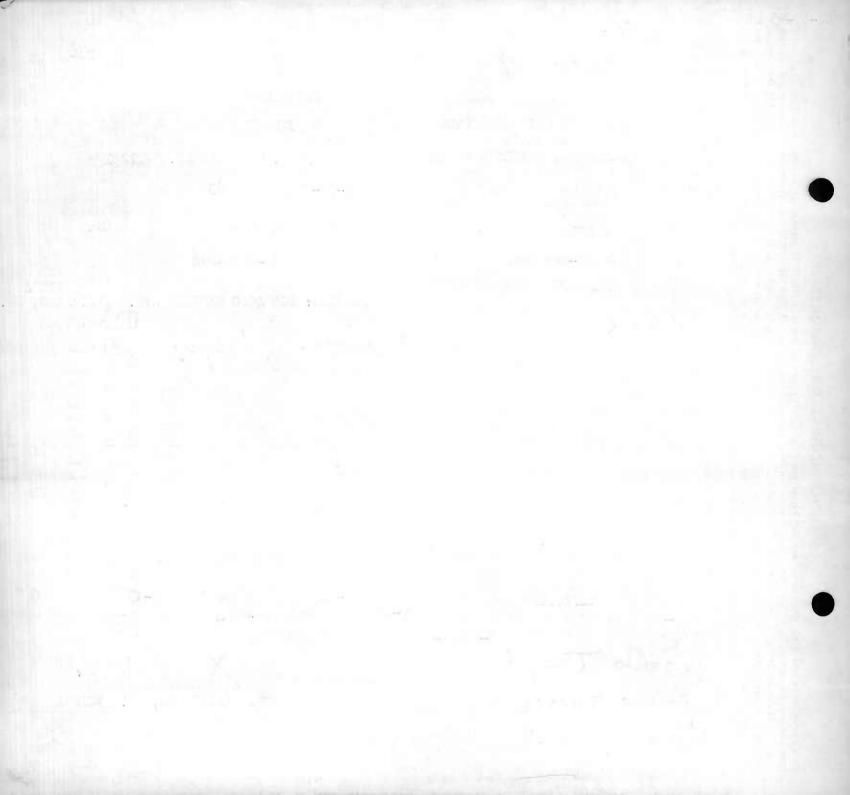
DE FOR WELLE AND BUILDING

5571-395-3

1314 3

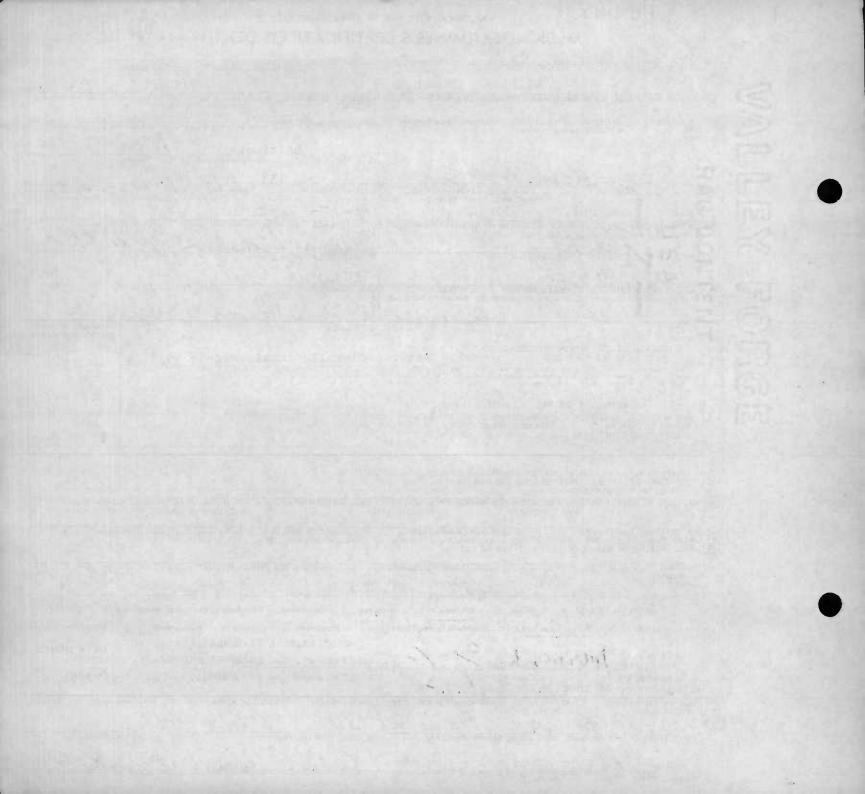
(

......

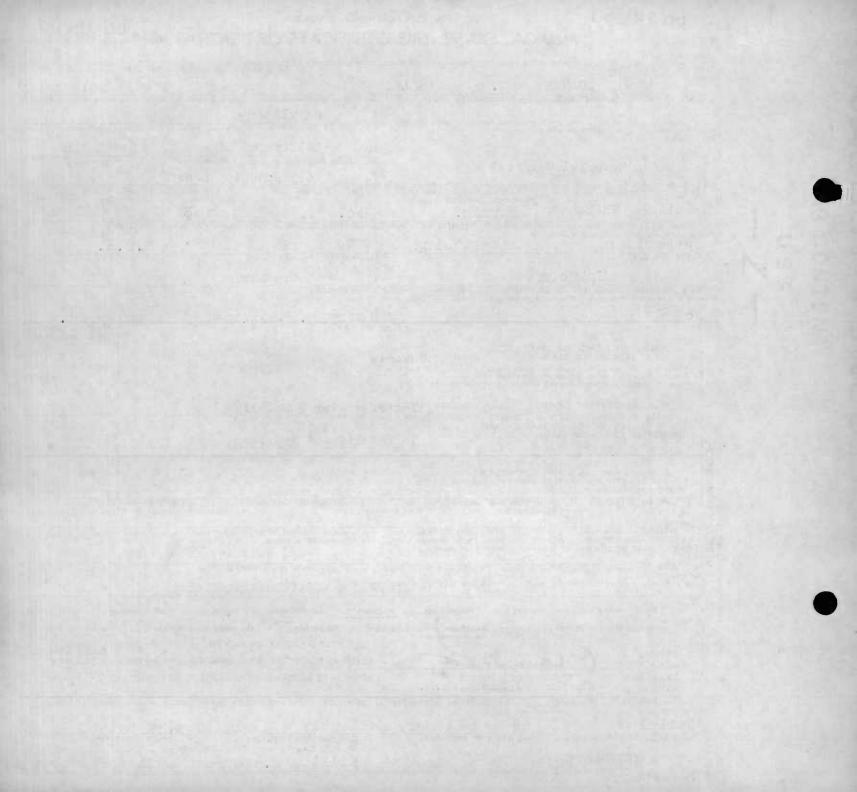


## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 09559

A.E. CASE NO.		In DATE AND	D HOUR PRONOUNCED DEAD
Type or Print)	William Hobson		0/20/66 12.25 -
PLACE IN BALTIMORE MARY	YLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution: residence before admission B. COUNTY
		A. STATE Marylan	
HOSPITAL OR ADDRESS	N HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)		e carparate limits, write RURAL and give township)
NSTITUTION		Baltim	ore 12-02-
		D. STREET ADDRESS (If rural,	
1334 Argy	vle Ave.	1334	Argyle Ave.
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Days   Hours   Min.
male colore		4-5- 1892	74
A. USUAL OCCUPATION GIVE	kind of work 108. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreig	n country) 12. CITIZEN OF WHAT COUNTRY?
one during most of working life, of e	1 10 2	Redsonan Ald	realized USA
B. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	E
walter And	now	mamie of	nel
5. WAS DECEASED EVER IN U.		17. INFORMANT	ADDRESS
he he	010-11-1-1-1-1-1	Window all Hol	Din 1317/4to ll
1B. /	CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE ON COUR			ONSET AND DEATH
DISEASE OR CONE	O DEATH Arteri	losclerotic cardio	ovascular disease
(This daes not mean the heart failure, asthenia, etc. injury or complication which	e made of dying, e.g., DUE TO  It means the disease, ch caused death.)		
ANTEGENIDES	IT CANCES		
DISEASES OR CONDITI	(B)		
RISE TO THE ABOVE CA	USE (A) STATING THE		
	(C)		
11			
TO THE DEATH BUT	NOT RELATED TO THE		
OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	1 CAUSING IT.	20A AUTORSV2 (Van an Nati	208, IF YES, WERE FINDINGS CONSIDERED
DIPA, DATE OF OPERATION	WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WA	AS   21 B. PLACE OF INJURY (e.g.	in ar about 21 C. WHERE DID	(If in Baltimare City, give exact lacation)
UNDERLYING OR CONTRIB	hame, farm, factory, street,	affice bldg., INJURY OCCUR?	
5		21F, HOW DID INJU	IPY OCCUP?
OF INJURY		WHILE	SKI OCCUR:
(APPROX.)	m. WHILE AT NOT	WORK	
22. I certify that I he	eld on Inquiry Inspection A	utapsy ond that an th	is basis, deoth in my apinion
resulted from: N	loturol couses Accident Suici	de Homicide	Undetermined monner
-		CHIEF MEDICAL EX	CAMINER -
ACTUAL ME	erne, h. 7-1-M.	ACCIETANT HEDICAL EX	DATE SIGNED
SIGNATURE EXAMINER'S	W. M.	ASSOCIATE MEDICAL E	
NAME (Type) Wer	ener U. Spitz, M.D.		
3A. BURIAL CREMATION, 23	B. DATE 23C. NAME OF CEMETERY	OF CREMATORY 23D. L	OCATION (City, town, or county) (Statel
9-26-66	unul Baltone	tank C	ralto mel
AA. DATE REC'D BY HEALTH	DEPT. 248, NAME OF REGISTRAR	24C. EUNERAL DIRECTOR	ADDRESS
	0 7 B 40	Day Mal.	1 20 12 41.18
CED 99 1	966 PO TE STONYEUMAN	Mayo WU	son 1001 December



	EASED				2. DATE AND HOUR	PRONOUNCED DEAD	
(Type or Print)	JOANNE	C.	SADLER		September	16, 1966	8:30 P M.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCE	D DEAD	A. STATE Mar	NCE(Where deceosed	B. COUNTY	sidence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION (TION)	, GIVE STREET	C. CITY OR TOW		te limits, write RURAL	ond give township)
Union	n Memorial Ho	spital			Schenley		/
5. SEX	6. RACE	7. MARRIED, NEVE		B. DATE OF BIRTH	9. A	GE (In years   If Und	er 1 Yr. II Under 24 Hrs.
Female	White	Marrie	Na.	Dec. 31,		34	Doys Hours Min.
Supervi		Advert:		New Yo	rk	12. CITI WH U.S	ZEN OF AT COUNTRY?
13. FATHER'S NAM	Unknown			14. MOTHER'S MA	Unknown		
	D EVER IN U.S. ARMED	FORCES? 16.50	OCIAL ECURITY NO.	17. INFORMANT	OILVIIOMIL	ADDRE	ss
NO	, e.s., give war or dote	3 01 36141667 31		Harry B.	Sadler 4	623 Schen	lev Rd.
18. 65	2.21		CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
(This does n	LEADING TO DEATH not meen the mode of osthenio, etc. It meens	dvina e.a.	(A) Toxem:	La			
injury or cor	osmenio, etc. If means in plication which coused a	deoth.)	Tntn	avascular H	Iomo lyzafa		
DISEASES OF THE	OR CONDITIONS, IF A	NY, GIVING	DUE TO	avascurar r	remorystn		
UNDERLYIN	IG CONDITION LAST,		(c) Self-	Inflicted	Abortion.		
OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBUTING					
- 10 1112	DEATH BUT NOT REL	LATED TO THE	100000000000000000000000000000000000000		00.00=0040.0000000000000000000000000000		
2 101 0100	OPERATION 198, CON WAS PER	FORMED		Yes	IN CERT	YES, WERE FINDINGS	Yes
0 2		21 B. PLAC	E OF INJURY (e.g.,	in or obout 21C. W	OCCUP?	imore City, give exoct	locotion)
Z1 A, EXTERNAL UNDERLYINGX	OR CONTRIB- SE OF DEATH.	etc.)	Home	46	23 Schenley		
ZIA. EXTERNAL UNDERLYINGX	OR CONTRIB-	etc.)	Home	21 F. HO		UR?	
21A. EXTERNAL UNDERLYINGX UTING CAU  21D TIME OF INJURY (APPROX.)  22.	OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeor	etc.) (Hour) 21E. IN WHILE m. WORK	Home  JURY OCCURRED  AT   NOT   AT	WHILE X Sel	23 Schenley w DD INJURY OCC f-Inflicted	UR?	on
21 A. EXTERNAL UNDERLYINGX UTING CAU  21D TIME OF INJURY (APPROX.)  22. I cert	OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeor	(Hour) 21E. IN WHILE m. WORK	Home  JURY OCCURRED  AT   NOT   AT	WHILE X Sel	23 Schenley W DD INJURY OCC f-Inflicted that an this basis	d Abortion.	on
UNDERLYINGX UNDERLYINGX UTING □ CAU 21 D TIME OF INJURY (APPROX.)  22. I cert	OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeor  9 14 66  (ify that I held an Inted fram: Natural can	while m. Work  mquiry Insuses Accid	HOME  AT NOT AT V  Spection At Suicid	WHILE X Sel	23 Schenley W DD INJURY OCC f-Inflicted that an this basis DICAL EXAMINE	d Abortion.  d deoth in my opinion mined manner  R	on DATE SIGNED
Z1 A. EXTERNAL OUNDERLYINGX UNING CAU Z1 D. TIME OF INJURY (APPROX.)  22. I cert resul  ACTUAL SIGNAT	OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeor  9 14 66  ify that I held an Inted fram: Natural can  URE	etc.) (Hour) 21E. In WHILE m. WORK Ingulry Ins Luses Accid	HOME  JURY OCCURRED  AT NOT AT V  Spection At V  Spection Suicide  M. D	WHILE X Selvorx ond topsy x ond CHIEF ME	23 Schenley W DID INJURY OCC f-Inflicted that an this basis In Undeterr DICAL EXAMINE	d Abortion.  deoth in my opinion mined manner  R  R	
21.A. EXTERNAL UNDERLYINGX UTING CAU  21.D. TIME OF INJURY (APPROX.)  22.  I cert resul  ACTUAL SIGNAT EXAMIN NAME (**	OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeor  9 14 66  iffy that I held an Inted fram: Natural can  URE URE CER'S Type) Charles	o (Hour) 21E. IN WHILE MORK Inquiry Insuses Accid	HOME  AT NOT AT V  AT Spection At Suicide  M.D.	WHILE X Selvopsy ond Homicia CHIEF ME ASSOCIATE ME	23 Schenley W DD INJURY OCC  f-Inflicted  that an this basis In Undeterr  DICAL EXAMINE  DICAL EXAMINE	d Abortion.  death in my opinion mined manner  R  R  R  R	DATE SIGNED 9/17/66
21A, EXTERNAL UNDERLYINGX UTING CAU 21D TIME OF INJURY (APPROX.)  22. I cert resul ACTUAL SIGNAT EXAMIN	OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeor  9 14 66  iffy that I held an Inted fram: Natural can URE CHARLES Fype) Charles MATION, 238, DATE	etc.) (Hour) 21E. IN WHILE m. WORK Insuses Accid	HOME  JURY OCCURRED  AT NOT AT V  Spection At V  Spection Suicide  M. D	WHILE Sel  tropsy ond  Homicia CHIEF ME ASSISTANT ME ASSOCIATE ME	23 Schenley W DD INJURY OCC  f-Inflicted that an this basis In Undeterrated EXAMINE DICAL EXAMINE EDICAL EXAMINE  23 D. LOCATION	d Abortion.  death in my opinion mined manner  R  R  R  R	DATE SIGNED 9/17/66  county) (Stote)



$66\ 09561$			
M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered N	66 09561
NAME OF DECEASED	n Bhania	2. DATE AND HOUR OF DEA	
PLACE OF DEATH IN BALTIMORE MARYLAND	R BROWN	September 20,	1966 4:50 p.
, PLACE OF DEATH IN BALTIMORE, MARTLAND		A. STATE B. COUNTY	It institution; residence before odmissio
FULL NAME OF (If not in hospital or institution,	, give street	Maryland	
HOSPITAL OR oddress or location) INSTITUTION			RURAL ond give township)
7, 001 01	40	Baltimore	7-0
Union Memorial Hes	pelax	D. STREET ADDRESS (If rurol, give location)	40
		101 01011000 0000	luet.
6. RACE 7 MARRIEI WIDOW	ED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Ma Ma	arried	May 1, 1896 100 40	
0A, USUAL OCCUPATION (Give kind of work 10B, KIND of lone during most of working life, even if retired)		11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Electric Co.	Baltimore, Md.	U.S.A.
3. FATHER'S NAME	22000110 008	14 MOTHER'S MAIDEN NAME	
a com it whom	1	Elizabeth Sea	por orl
5. Was Deceased Ever in U. S. Armed Forces?	1 6 SOCIAL	17. INFORMANT	ADDRESS
(lf yes, give wor or dotes of service)			
N•	212 05 5659	Mrs.Edna C.Brown 937 Ho	mestead St, 18
18. 7 4 5 XI	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	20	On ?	ONSET AND DEATH
LEADING TO DEATH	(A) CKI	nic Co, naversis	
ANTECEDENT CAUSES	DUE TO	nic Co, naversis vere Chronie Pulmos rese kepho-scolioni, acq	ruck
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the	9	rese kejthe-scotion, acq	
DISEASES OR CONDITIONS, if ony, giving	9	~	
DISEASES OR CONDITIONS, if ony, giving the UNDERLYING CONDITION lost.	g e (C)	~	
DISEASES OR CONDITIONS, if ony, giving the underlying condition lost.	g e (C)	~	
DISEASES OR CONDITIONS, if ony, giving the second of the obove couse (A) stoting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	g e (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	g e (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE	
DISEASES OR CONDITIONS, if ony, giving the lot like obove couse (A) stoting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 12	G (C)  NG HE  WHICH OPERATION  IB. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION tost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TOUSEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 21 or CONTRIBUTING CAUSE OF 66	OF STATE OF	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	G (C)  NG HE  WHICH OPERATION  IB. PLACE OF INJURY (e.g., ir mme, form, foctory, street, of	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE O	G (C)  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., in mme, form, foctory, street, of c.)  E. INJURY OCCURRED  While AI Not While	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING n or about 21C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE O	OF THE WHICH OPERATION  B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.)  E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING 1 or obout 21C. WHERE DID (If in Boltin fice bidg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE O	MG HE WHICH OPERATION  IB. PLACE OF INJURY (e.g., ir me, form, foctory, street, of c.)  E. INJURY OCCURRED  While A1 Not While A1 Work  the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING To or about 21C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeer) (Hour) 21 OF INJURY (APPROX.)	NG HE WHICH OPERATION  IB. PLACE OF INJURY (e.g., ir ome, form, foctory, street, of c.)  E. INJURY OCCURRED  While At At Work  the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING 1 or obout 21C. WHERE DID (If in Boltin fice bidg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location)
DISEASES OR CONDITIONS, if ony, giving isse to the obove couse (A) stoting the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  10 THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  10 THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO TO THE DEATH CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.)  22. I certify that (1) (this hospital) ottended that (I) (we) lost saw the deceased alive on	REPLACE OF INJURY (e.g., ir mme, form, foctory, street, of c.)  E. INJURY OCCURRED  Thile At At Work, or when the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING In or obout 21C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exoct locotion)
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTION	REPLACE OF INJURY (e.g., ir mme, form, foctory, street, of c.)  E. INJURY OCCURRED  Thile At At Work, or when the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING In or obout 21C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct locotion)
DISEASES OR CONDITIONS, if ony, giving the universal of the obove couse (A) stoting the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital) ottended that (1) (we) lost saw the deceased alive on ond hour and from the couses stoted above.  23A. SIGNATURE	NG HE WHICH OPERATION  IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)  E. INJURY OCCURRED  While AI  Not While AI Work  the deceased from  Not While AI Work  (I) (We) (did) (did nat) v	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING  n or obout 21C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 to 19 6 t	ire findings considered Causes of Death?  more City, give exact location)  19 (0)  opinion death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred
DISEASES OR CONDITIONS, if ony, giving the universe to the obove couse (A) stoting the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY (APPROX.)  22. I certify that (1) (this hospital) ottended that (I) (we) lost saw the deceased alive on ond hour and from the couses stoted above.  23A. SIGNATURE	MG HE  WHICH OPERATION  IB. PLACE OF INJURY (e.g., ir me, form, foctory, street, of c.)  E. INJURY OCCURRED  While At At Work  the deceased from  (I) (We) (did) (did nat) v  M.D. Atte Phy	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING Tor obout 21C. WHERE DID (If in Boltin fice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 66 to 19 66	ine FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact location)  Light 20 19 6 (  opinion death occurred on the de
DISEASES OR CONDITIONS, if ony, giving the underlying condition lost.  Il OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY (APPROX.)  22. I certify that (1) (this hospital) ottended that (1) (we) lost saw the deceased alive on ond hour and from the couses stated above.  23A. SIGNATURE	See (C)  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., ir mme, form, foctory, street, of c.)  E. INJURY OCCURRED  While At   Not While At Works  the deceased from   Not While At Works  (I) (We) (did) (did nat) v  M.D. Atterphy	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING  n or obout 21C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 to 19 6 t	ire findings considered Causes of Death?  more City, give exact location)  19 (0)  opinion death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 10R CONTRIBUTING 10R CONTRIBUTING 10R CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY (APPROX.)  22. I certify that (I) (this hospital) ottended that (I) (we) lost saw the deceased alive on ond hour and from the couses stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) NIEVA G. VAI	See (C)  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., in mme, form, foctory, street, of c.)  E. INJURY OCCURRED  // hile At	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING To or obout 21C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 66 to 19	RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact location)  Light 20 19 6 ( opinion death occurred on the death Leptember 20,  Haskital
DISEASES OR CONDITIONS, if ony, giving isse to the obove couse (A) stoting the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 100 CONTRIBUTING 100 CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21 OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital) ottended that (I) (we) lost saw the deceased alive on ond hour and from the couses stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) NIEVA G. WALL  23C. PHYSICIAN'S NAME (Type) NIEVA G. WALL	See (C)  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., ir mme, form, foctory, street, of c.)  E. INJURY OCCURRED  While At   Not While At Works  the deceased from   Not While At Works  (I) (We) (did) (did nat) v  M.D. Atterphy	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING To or obout 21C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 66 to 19	ire findings considered Causes of Death?  more City, give exact location)  19 (0)  opinion death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION (APPROX.)  22. I certify that (1) (this hospital) ottended that (I) (we) lost saw the deceased alive on ond hour and from the couses stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) NIEVA G. VAI  24A. BURIAL CREMATION, 24B. DATE  24C. PROVAL (Specify) CAUSE CA	See (C)  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., in mme, form, foctory, street, of c.)  E. INJURY OCCURRED  // hile At	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING To or obout 21C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 66 to 19	RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact location)  19 4  opinion death occurred on the di  23B. DATE SIGNED  Leptember 20,  Haskital  (City, town, or county) (State)

VS 150-REV. 1/1/65

. The second state of the second seco

Fig. 1 September (C) more all indicares

s' 47 .4 - 20tz, E . 10 = 450

VS 150-REV. 1/1/65

		()()		HEALTH DEPARTMENT		66 09562
10.50	TH NO.	66 0956	2 CERTIFICA	TE OF DEATH	Registered No.	00 03362
	L CASE NO.	EASED		2. DATE	AND HOUR OF DEATH	(1) A
	pe at Print)	Glen W.	Stiehm		t. 19,1966	for another,
3.	PLACE OF DEA	TH IN BALTIMORE, MA		4. USUAL RESIDENCE	Where deceased lived. If in	stitution: residence before admission)
	FULL NAME O		or institution, give street	Maryland	JUNIT	
	HOSPITAL OR -	address or location	n)	C. CITY OR TOWN (I	f outside city limits, write I	RURAL and give township)
1	)	874 Tyson	Street	D. STREET ADDRESS	(If tural, give location)	1-05
				874 Tyson	St.	
5. 5	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male	White	Divorced	Jan 6,1915	51	
			10 B. KIND OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?
	_	working life, even if retired)  b Director	University of Balto	Wisconsin		U.S.A.
_	FATHER'S NAM		Olliversity of Barto	14. MOTHER'S MAIDEN	NAME	U.D.R.
-						
		filliam H. St		Hattle Ho	ene	
(Ye	Was Deceased s, no or unknown	Ever in U. S. Armed For Off yes, give wor or date	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 9	n X I	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIE	RECTLY		11	ONSET AND DEATH
		LEADING TO DEATH	(A)	man to	tra Omi	1/4
		al meon the made of		7	Act and a second of the second	
		asthenia, etc. It means plicotian which coused		1:	dieen	
		ANTECEDENT CAUSES	(B) /	-5/scant	dieens	*
	DISEASES C	R CONDITIONS, if	any, giving	* 7 ( )	2051	101
	rise to the	abave cause (A)		enlieges 1	melletin	, 25-20:
	UNDERLYING	G CONDITION last.				0
z		11	CONTRIBUTION			
ATIO	TO THE D	FIGANT CONDITIONS CEATH BUT NOT RELA	ATED TO THE			
	DISEASE OR	CONDITION CAUSING	IT.	20A. AUTOPSY? (Yes o	Nol 208 IE VES WERE	FINDINGS CONSIDERED
ERTIFIC	0	WAS PER	FORMED	ZOA. AUTOPST! TIES 0	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
O	OR CONTRIBU	TING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCU	D (If in Boltimore R?	City, give exact location)
CAL		medical examiner)	etc.)			
$\overline{\Box}$		(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
ME	(APPROX.)		While At Not While At Work	е		
		.1 . (1) (.1			10.67	- 0+10 m/
			Ottended the deceased from	) 10/	19 5 6 to	eg) 7:/9 1966.
			ed alive an Dept			nion deoth occurred on the date
			ted obove. (I) (Ma) (did not)	riew the body ofter dec	oth.	
	23A. SIGNATU	RE		A	S. 11	23B. DATE SIGNED
	1/2/	K. to	M.D. Atto	s. Med. Director	Staff Phys.	9/20/64
	23C. PHYSICIA			23D. ADDRESS	4	1/2/00
	NAME (T	R FROS	M.D.	11 11/	G Th -1	
247	A. BURIAL CREA	MATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 1241	D. LOCATION (C)	ty, town, or county) (State)
	REMOVAL (	Specify)				
25/	Burial		Druid Ridge (	emetery	Pikesville,	Maryland
		SEP 22 1961	8 Port & Fallyn	wm. J. ge	ner Ton	L + Pinna Ceve

tion . tion . 2 4 1022 A CAMPAGE CONTRACTOR OF THE CAMPAGE CONTRACT The state of the s necessary Services and American Control of the Cont

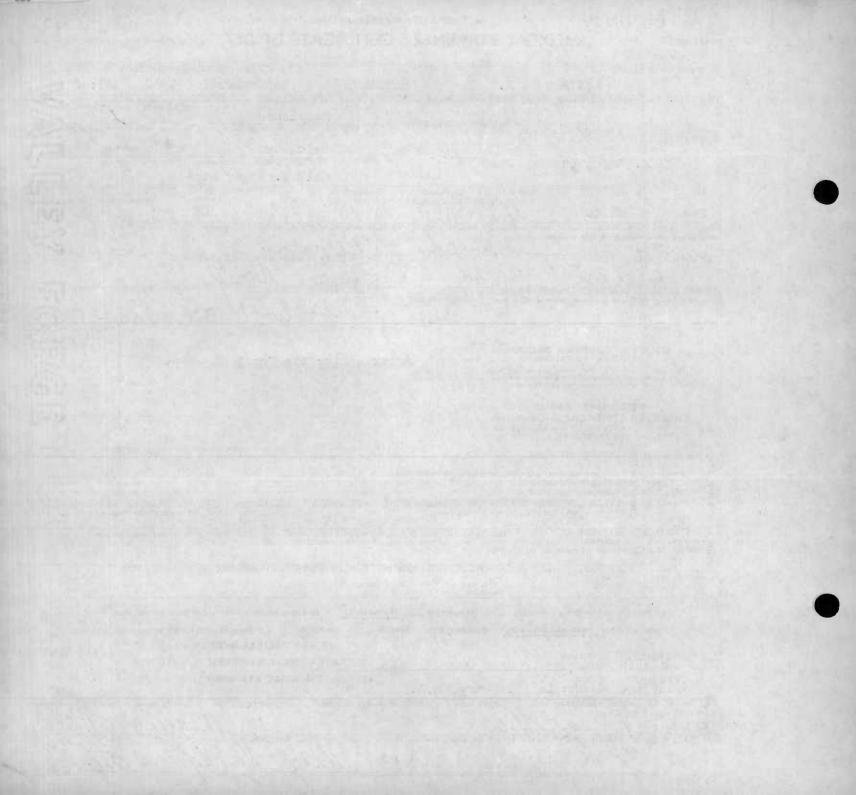
-		0 10000		BALTIMORE CITY	HEALTH D	EPARTMENT	1	00 00000
BIRT	н но.	6 09563		CERTIFICA	TE OF	DEATH	Registered Na.	66 09563
M.E.	CASE NO.						D HOUR OF DEATH	
		son, Willia	m Wi	rail. Jr.			mber 21, 19	
3. P	LACE OF DEATH IN B			1814	4. USUAL I	-		nstitution: residence before admission
F	ULL NAME OF (IF	not in hospital or inst		give street	A. STATE	gland	TY	Bulto
H II	OSPITAL OR od ASTITUTION Veters	dress or locotion) ans Administ	rati	on Hospital	C. CITY OR	TOWN (If ou	tside city limits, write	RURAL and give township)
1		Loch Raven H		-		timore		33-00
		nore, Maryla			D. STREET	ADDRESS (IF	rurol, give location)	
			uid x	12410		edar Ave		
5, S	-10710	ite 7. M	DOWED	NEVER MARRIED ), DIVORCED (specify) ried	9/22/		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
			IND OF	BUSINESS OR INDUSTRY		ACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Salesman		aper	Company		yland		United States
W	illiam V. Pi	erson, Sr.			Jul	ia Ammid	on	
5. V	Vos Deceased Ever in U	J. S. Armed Forces?	ervice)	1 6. SOCIAL SECURITY NO.	17. INFORM	ANT 3900	Loch Raven	Boulevard
		42 - 4/21/4		562-18-8016				imore, Maryland 212
	1B. /// C	1		CAUSE O		proar no.	201 409 2410.	INTERVAL BETWEEN
	1701	I Ondition directly	,	0.1002	DE7			ONSET AND DEATH
		G TO DEATH		Can	cinoma	of Phary	ov with	1 years
	(This does not meon					ead metas		12 7 641 9
	heart foilure, osthenio,			W.	rdeabte	ad metas	Lases	
		DENT CAUSES	• *	(R)				
				DUE TO				
	DISEASES OR CON			(0)				
	UNDERLYING COND		3	107		94444.000000000000	***************************************	
		11						
Z	OTHER SIGNIFICANT	CONDITIONS CONTR						
ATIO	TO THE DEATH B		то тн	Ε				
	19A. DATE OF OPERATI	ON 198. CONDITION		WHICH OPERATION	20A. AU1	Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ш.	21 A. ACCIDENT WAS	UNDERLYING	21 B	PLACE OF INJURY (e.g., in	or obout 21	C. WHERE DID		re City, give exoct locotion)
AL	OR CONTRIBUTING DEATH (notify medical		etc.	e, form, foctory, street, of	nce blog., IN.	JURI OCCUR!		
EDIC	21 D. TIME (Month)	(Doy) (Yeor) (Hou	e) 21 F	INJURY OCCURRED	211	F. HOW DID IN	URY OCCUR?	
ME	OF INJURY			ile At Not While				
-	(APPROX.)		Wo	rk				
	22. I certify that (1)	(this haspital) atte	nded t	he deceased from Se	ptember	· 15th	19 66 to Sep	tember 21st 1966
Н	that (1) (we) last say	w the deceased ali	e an	September 21	st 19		ot in (my) (our) op	Inion deoth occurred on the da
				/(We) (did) /d/d/ /a/) v				
	23A. SIGNATURE	e causes stated at	ave. y	/ (we) (ala) papay pay) v	iew the bac	ay offer deoff.		23B. DATE SIGNED
	23A. SIONATORE			AA D A He	nding —	Med.	Stoff men	
		α -	1	/ - Phy	si	Director	Stoff Phys.	September 21, 196
	23C, PHYSICIAM'S NAME (Type)	Somald H. HO	OKER	M.D.	3900 T	Veterans	Administra	tion Hospital Balto., Md.,21218
24A	BURIAL CREMATION,	24B. DATE	24C. N.	AME of CEMETERY OF CRE		24D. L		City, town, or county) (State)
	REMOVAL (Specify)	0/07/00					4.4	
25.4	BURIAL	9/23/66		RLINGTON NAT			RT MYER, V	
ZDA	. DATE REC'D BY HEAL	25B. F	AME	E TO Security		NERAL DIRECTO		ADDRESS
	SEP 2	2 1966 (6)	SELLS	E, Contral, and	Stew	art & Mo	wen Co., 10	8 W. North Av/Cit
10	EO DEV 1/1/45				7.7	3 . 1	1	

s = 8 =  IMPORTANI

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

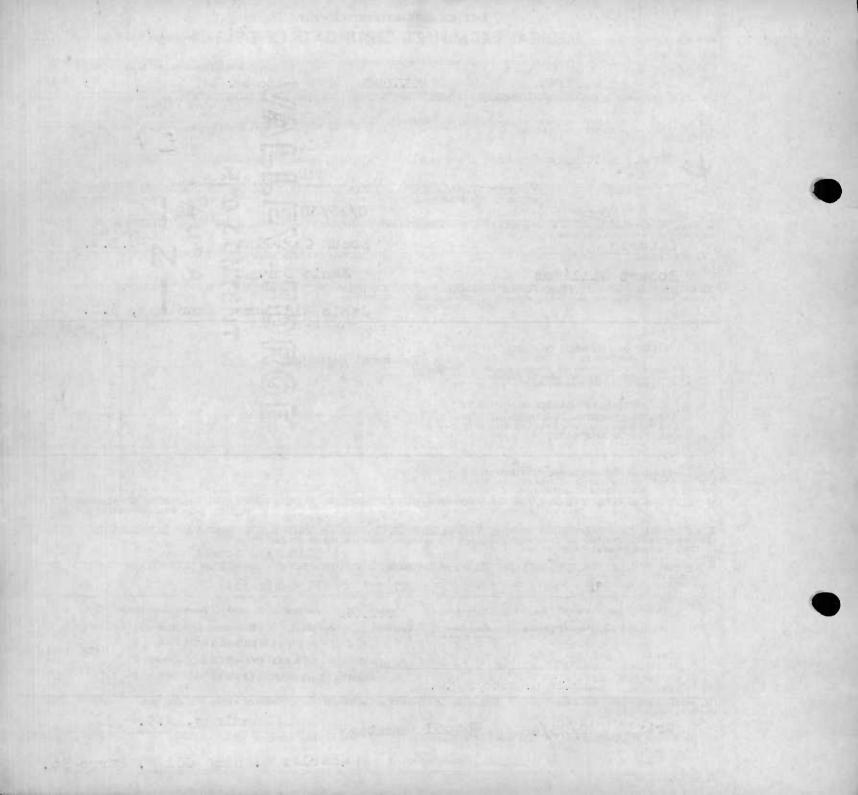
	66 09565 BALTIMORE CITY HEALTH	DEPARTMENT	09565
1-1-175		TIFICATE OF DEATH Registered No.	00000
(1-66)	M.E. CASE NO.		
	TANCITI	2. DATE AND HOUR PRONOUNCED DEAD	5.40 A
	ANITA E. HARCHI  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  14.	ENHORN   September 18, 1966  USUAL RESIDENCE (Where deceased lived, If institution: resid	5:40 A
	A	STATE Mary land	ence belote admirations
	ILLOSITIAL OK ADDRESS OF FOCKHOOM	. CITY OR TOWN (If outside corporate limits, write RURAL on	d give township)
	INSTITUTION	Baltimore	6-44
	4112 E. Eager Street	STREET ADDRESS (If rurol, give location)	1
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8.	4112 E. Eager Street  DATE OF BIRTH / 9. AGE (In years   If Under	1 Yr, If Under 24 Hrs.
	WIDO WED, DIVORCED (specify)		Doys Hours Min.
	Female White  10A. USUAL OCCUPATION (Give kind of work) 10B. KIND, DE BUSINESS OR INDUSTRY 11.	SHRTHPLACE (State of foreign country) 12. CITIZE	N OF
	done during most of working life, even if retired)		COUNTRY
	13. FATHER'S NAME	MOTHER'S MAIDEN NAME	.0111
	Hubert (Rayner	Marie Notte	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	INFORMANT	4112
	mare 9	Westellery Harchenhow	E. Eager St
	18. CAUSE O	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		OHIGE PARTS DEVILLE
	(This does not mean the mode of dying, e.g., DIF TO	osclerotic Heart Disease.	
	heart failure, asthema, etc. It means the disease, injury or complication which coused death.)		
	ANTECENDENT CAUSES		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE		
	UNDERLYING CONDITION LAST.		
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		00000000000000000000000000000000000000
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	DISEASE OR CONDITION CAUSING IT.		
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO	ATH?
	✓ 21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g., in c	Yes or obout 21C. WHERE DID (If in Boltimore City, give exact to	Yes
	UNDERLYING OR CONTRIB-	e bldg., INJURY OCCUR?	
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?	
	OF INJURY	ILE	
	m. WORK AT WOR		
	1 certify that 1 held an Inquiry Inspection Autop		
	resulted from: Natural couses X Accident Suicide		
	ACTUAL () (	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE Laile 1 elly M.D. A	SSISTANT MEDICAL EXAMINER SSOCIATE MEDICAL EXAMINER 9/	18/66
	EXAMINER'S NAME (Type) Charles S. Petty, M.D.	330CIATE MEDICAL EXAMINER	
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of C	CREMATORY 230-LOCATION (City, Jown, or c	ounty) (Stote)
	Hemoral Sunt 18/6	Ven Urgly	Janus
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24Cy FYNERAL DIRECTOR	DDBESS 24
	SEP 22 1966 Robert E. Farleyna	Inly Herwid Son	ileans At
	VS 151-REV. 1/1/65	1	Lucini All



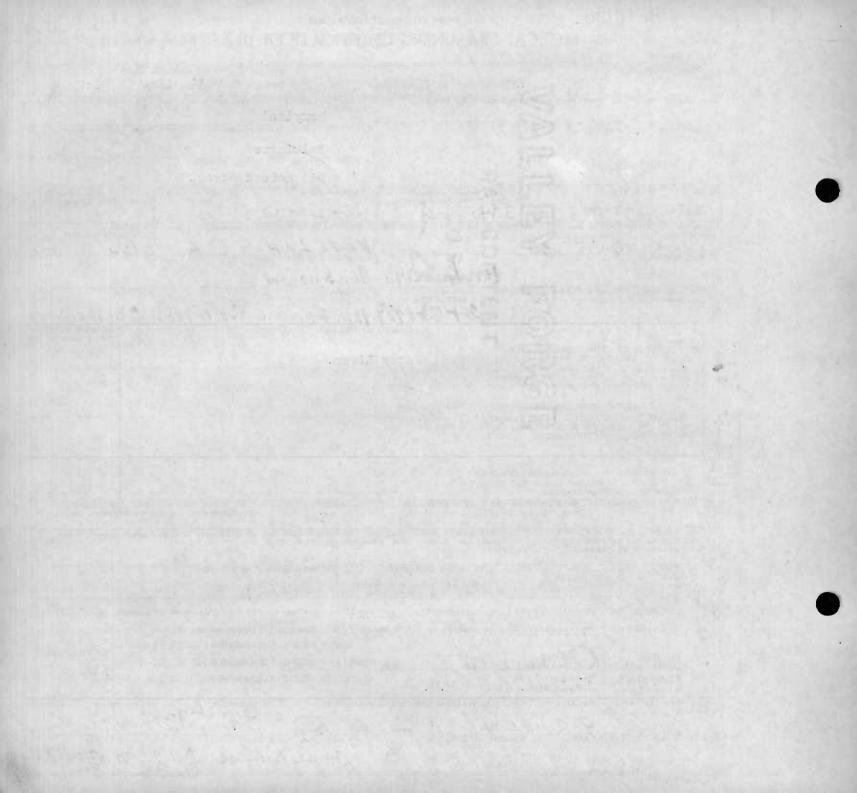
BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na.

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR PRONOUNCED D	
ROBERT	WILLI		September 18, 1966	6:30 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived, If institution B. COUNTY	residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TITUTION, GIVE STREET		yland	A1 1
HOSPITAL OR ADDRESS OR LOCATION)			WN (If outside corporate limits, write RUR	At one give township)
	1 77 - 1. 1		timore -3	0.6
South Baltimore Gener	al Hospital		RESS (If rurol, give locotion)	
		11	.0 Tate Street	
	ED, NEVER MARRIED  D, DIVORCED(specify)	B. DATE OF BIRT		Under 1 Yr. If Under 24 Hrs. nths, Doys   Hours   Min.
Male Negro		8/15/3	8 28	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE		CITIZEN OF WHAT COUNTRY?
Laborer		South (	Carolina	U.S.A.
13. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME	NETTON DE LA TI
Robert Williams		Janie	e Durant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT	ADI	DRESS
(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	Tania 1	Nilliams Mannings	S.C.
118. 7 0 11 11 11	CALLS	E OF DEATH	(177770MD) Morning	INTERVAL BETWEEN
2904,4	CAUS	E OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cuba	ural Hemat	-0	
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas	g., DUE TO	urar nemar	-Oilla -	
injury or complication which coused death.)	е,			
ANTECENDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVIN	G (B)			
RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.				
	(C)			
O II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY	(? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	C DEATHS
		Yes		ies
Q1A. EXTERNAL CAUSE WAS OUNDERLYING OR CONTRIB-	B. PLACE OF INJURY (e.g., ome, form, foctory, street,	office bldg., INJUR	WHERE DID (If in Boltimore City, give ex	oct location)
UTING CAUSE OF DEATH.	Lome Home		210 Tate Street	5-06
21 D TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
(APPROX.) 9 16 '66 P	WHILE AT NOT AT	WHILE X PI	cobable fall.	
22.		[-]		
I certify that I held an Inquiry	InspectionA		d that an this basis, death in my ap	inian
resulted fram: Natural causes	Accident Suici	de Hamici	ide Undetermined manner	
	. / ) -		EDICAL EXAMINER	DATE SIGNED
SIGNATURE Carles	I talk M.	ASSISTANT M	EDICAL EXAMINER	9/18/66
EVAMINEDIC			SEDICAL EXAMINER	9/10/00
NAME (Type) Charles S. Pe				
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23C. NAME of CEMETERY	or CREMATORY		, or county) (Stote)
Burial 9/25/66	Chanel Cam	etan	Mannings, S.C.	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAA	Chapel Cem	etery	AL DIRECTOR	ADDRESS
SEP 22 1965 () ( Sept	E. Jalouma		les A. Rice 661 W.	Bonno Ct
VS 151-REV. 1/1/65		- Jami	TOO WE WITCO OUT ME	Barre St.

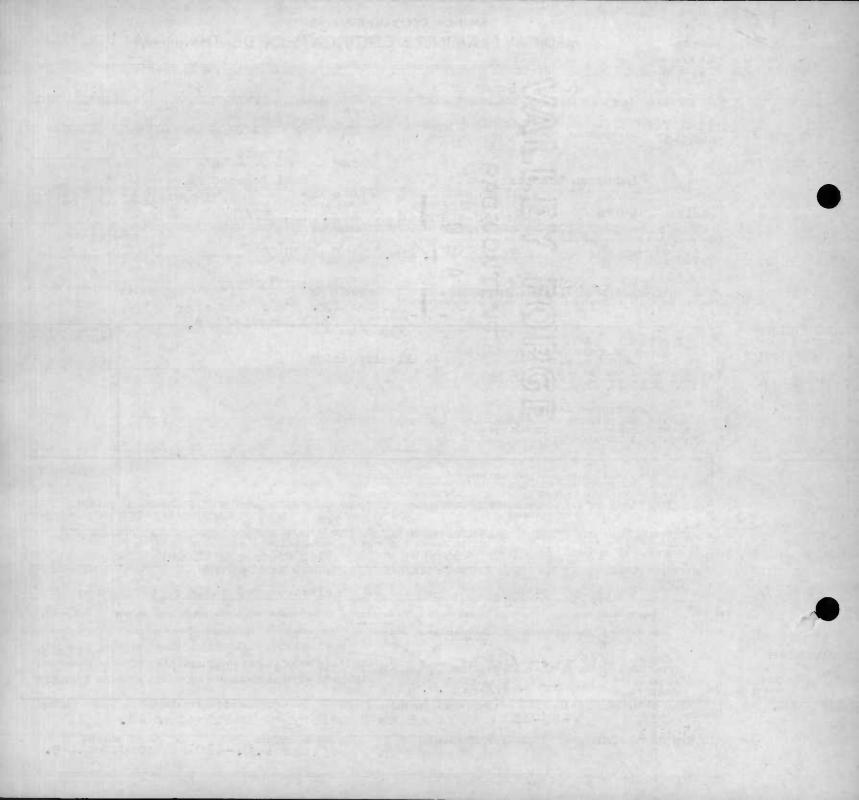


BIRT	H NO.		WEDI	CAL EXA	AWINER 2 CE	RIFICA	I E OF I	JEA! H Registe	red No	
	CASE NO.									
1. N (Typ	e or Print)	JOH	N	LEE	EDWARDS	5		ember 14, 19		5:00 P
3. P	LACE IN BALT	MORE MARY	LAND, WI	HERE PRONOUN	CED DEAD	A. STATE		deceased lived. If inst	itution: resid	
HO!	L NAME OF	(IF NOT IN	OR LOCA	L OR INSTITUTI	ON, GIVE STREET	C. CITY OR TO	ryland wn Of outsid 1timore	e corporate limits, write	RURAL on	d give township)
3	7 Mercy	Hospit	al			D. STREET ADD	RESS (If rurol,	give locotion) t Street		
5. S	Male	6. RACE Negro		WIDO WED, DI	EVER MARRIED VORCED(specify)	B. DATE OF BIRT		9. AGE (In years lost birthday) 53		1 Yr. If Under 24 Hrs. Doys Hours Min.
done	during most of v	NG A				VI'dE	LiA	GA.	12. CITIZE WHAT	N OF COUNTRY?
13. F	ATHER'S NAM	E		ter	known	Unkn	CTUNU			
	VAS DECEASE , no or unknown)				6. SO CIAL SECURITY NO.	M DE TE	PNNIE	G-Ambre	ADDRESS	g Paelcwooday
NOI	(This does not heart foilure, injury or con DISEASES (RISE TO TH	E OR COND LEADING TO of meen the osthenio, etc. application which NTECENDEN' DR CONDITION E ABOVE CAL	D DEATH mode of It means coused d  T CAUSES DNS, IF All ISE (A) ST	dying, e.g., the disease, leath.) S NY, GIVING	(A) Fatty DUE TO  (B) DUE TO  (C)	Liver.				ONSET AND DEATH
CERTIFICATION	TO THE	IFICANT CON	NOT REL	CONTRIBUTING ATED TO THE						
	19A. DATE OF	OPERATION	19B. CONI WAS PERF		HICH OPERATION	20A. AUTOPSY Ye		20B. IF YES, WERE FIN CERTIFYING CAUS		
O	21 A. EXTERNAL UNDERLYING UTING CAU	OR CONTRIB-		21 B. PL home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21C. V	WHERE DID Y OCCUR?	(If in Boltimore City, gi	ve exoct loc	cotion)
	21D TIME OF INJURY (APPROX.)	(Month) (De	y) (Yeor)		ILLE AT NOT V	VHILE -	JENI DID WO	JRY OCCUR?		
		JRE	) La	iles de	Suiciden Suicide	Homici	ide U EDICAL EX	AMINER X	er 🗌	DATE SIGNED 9/15/66
	BURIAL CRE	MATION, 238	arles DATE	S. Petty	NAME OF CEMETERY OF				town, or co	ounty) (Stote)
24A	DATE REC'D	BY HEALTH D	EPT. 1066	24B. NAME O	FREGISTRAR  E. Falley Ma	24C. FUNER	AL DIRECTOR	use 22	22011	on frank
Vs	151-REV. 1/1/	The Park Town	1300	MASON		1		Bali	tines	, mdi



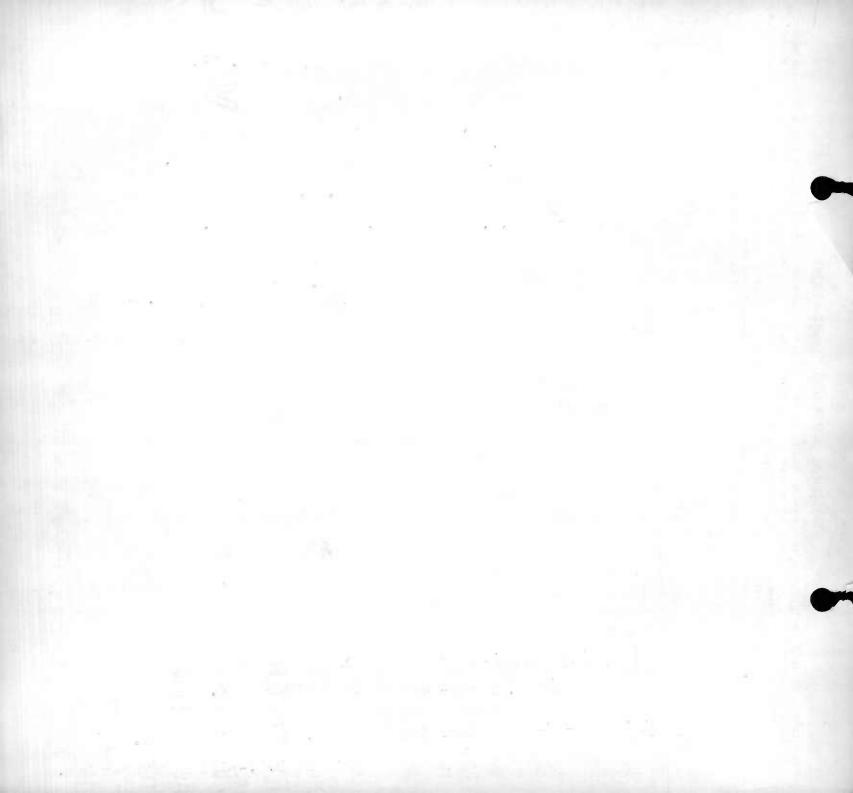
## BALTIMORE CITY HEALTH DEPARTMENT

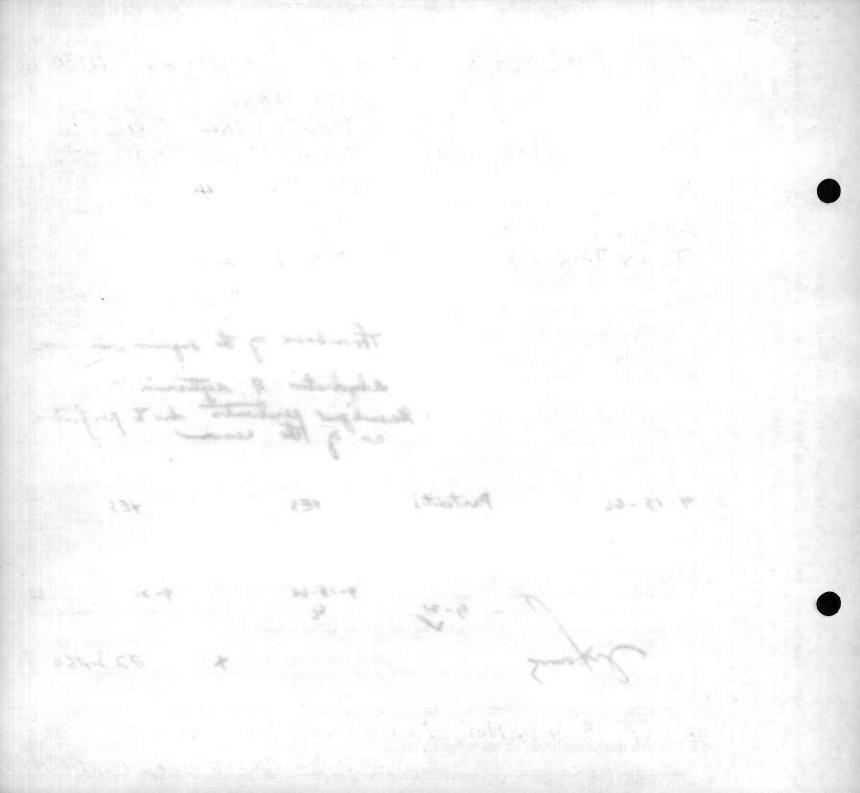
e 15		ALTIMORE CITY HEALTH DEP	PARTMENT FICATE OF DEATH Register	red No. 66 U9568
0 1 60	M.E. CASE NO.		2. DATE AND HOUR PRONOUNCE	D DEAD
	(Type or Print) Bruce Schar	efer	9/19/6	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD 4. USL	JAL RESIDENCE (Where deceosed lived. If insti ATE B. COU	tution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET C. CIT	Maryland TY OR TOWN (If outside corporate limits, write	per my
		D STE	Baltimore REET ADDRESS (II rurol, give locotion)	2 3-4-0
	46 Lutheran Hospital	D. 318	6641 Dogwood Rd.	
	5. SEX   6. RACE   7. MARRIED,		E OF BIRTH 9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	male white	r married A	ug. 11, 1946 20	770000
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRT	THPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			ew Jersey THER'S MAIDEN NAME	USA
		POLICE TO THE PO		
	Eric F. Schaefer  15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SO CIAL 17. INFO	Eleanor Mowery	ADDRESS
	(Yes, no orunknown) (If yes, give wor or dotes of service)	216-44-2012	Mr. Eric Schaefer	
	18.	CAUSE OF DE	6641 Dogwood Rd.	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH  (This does not meen the mode of dying, e.g.,	(A) Electroc	ution	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DOE 10		
	ANTECENDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO		
	UNDERLYING CONDITION LAST,	(C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION			
	TO THE DEATH BUT NOT RELATED TO THE			
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	VHICH OPERATION 20 A.	yes (Yes or No.) 208, IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
	UNDERLYING™OR CONTRIB- home,	form, foctory, street, office blo	dg., INJURY OCCUR?	ve exact location)
	UTING CAUSE OF DEATH.	house	5112 Windsor Mill Rd.	× 8-00
	OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX.) 9 19 66 7:30p.m. W	ORK NOT WHILE		machine
	I certify that I held an Inquiry	Inspection Autopsy	··	
	resulted from: Natural causes A	ccident Suicide	Hamicide Undetermined manne	or _
	ACTUAL /1105 12 V		CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE A CONTRACT	1000	STANT MEDICAL EXAMINER	0/00/66
	EXAMINER'S Werner U. Spile	z, M.D.	CIATE MEDICAL EXAMINER	9/20/66
		Woodlawn Cen		town, or county) (Stote)
		OF REGISTRAR 24	Witzke F.D4101 Ed	ADDRESS
	SEP 22 1966 Oblant &	Jakanna	Witzke F.D4101 Ed	monason A, e.
	VS 151-REV. 1/1/65 N 9 9 2 X	,		



FUNERAL DIRECTOR: IMPORTANT

00 00500	BALTIMORE CI	TY HEALTH DEPARTMENT		CC 00500
BIRTH NO. 66 09569	CERTIFICA	ATE OF DEATH	Registered No	66 09569
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Walter Bu	+ 0			36
3. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where	deceosed lived. If ins	66   titution: residence before admissio
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	A. STATE B. COUNT	Y	URAL ond give township
INSTITUTION ENGINEERS	A = = =	Baltimore		
5115 Queensbe			irol, give location)	
A) Baltimore, 15	, Ma.			
	17 AAA 200 FD ALEX/ED AAA 2015 D	5115 Queensbe		VIII
5. SEX 6. RACE Wh	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	Jan. 2. 1894	AGE (In years ost birthdoy) 72	If Under 1 Yr. If Under 24 F Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10 B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLA CE (State or foreign	n country)	12, CITIZEN OF WHAT COUNTRY?
Letter carrier	U.S.Postal Dep	t. Baltimore	. Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
5. Was Deceased Ever in U. S. Armed For		17. INFORMANT Evelyn	Rutz	ADDRESS
Yes, no or unknown) (If yes, give wor or dole	s of service) SECURITY NO.			// > =
		5115 Queens	sperry Ave	
18.	CAUSE	OF DEATH	0	ONSET AND DEATH
DISEASE OR CONDITION DIE	RECTLY	ar elmina o	7/11/1	1440 30 101
LEADING TO DEATH	(A)	w www.	1 child	June 28, 196
(This daes not meen the made af	dying, e.g., DUE TO			
hearl failure, asthenia, etc. 11 means injury ar camplicolian which coused				
ANTECEDENT CAUSES	DUE TO			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, IF				
rise to the above cause (A) UNDERLYING CONDITION lost.	slating The (C)			
CADERLING CONDITION 10SI.				
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IN CONDITION CON	TED TO THE			
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FI	INDINGS CONSIDERED
WAS PER		1/0	IN CERTIFYING CAU	
W L	218 BLACE OF INITIAY/	in or chart 21C WHERE DID	(If in Raltimes-	City sive exact leaster)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., 21C. WHERE DID	ur in Bollimore	City, give exact location)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX)	While At Not W	hile		4
TOTAL MARKET TOTAL	Work At Wo	rk	11 01	Gentley 10 11
22. I certify that (1) (this hospital	) attended the deceased fram	Jun 28 15		lauber 18 1966
that (1) (we) last saw the decease	ed alive an September	18 19 66 and the	t In(my) (our) Anin	ian death accurred on the
				The second secon
and hour and from the causes sta	rea above. (1) (We)"(did) (did not	) view the bady after death.		
23A. SIGNATURE	1110:0			23B, DATE SIGNED
	Meia M.D.	hys. Med. Director	Stoff Phys.	
23C. PHYSICIAN'S		23D. ADDRESS	,	
	l A. Perez-Meram.		Rd.	
ito pice.	L L C L C L C L C L C M.	b. 1000 TIT DET CA	itu.	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of	CREMATORY 24D. LO	CATION (City	y, town, or county) (State
Burial 9-22	-66 T			
3-22-00	-02202110 1		ltimore, 1	Md.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	,	ADDRESS
SEP 22 1966 (P.	Prest E. Farberma	Witzke, F.D.	-4101 Ta-	ondran A
OF1 00 1000 (1)	Carry Carry	1 w daysed as a me	- FTOT DOWN	unuson Ave.





	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
BIRTH NO. 66 09571	CERTIFICA	TE OF DEATH	Registered No.	66 09571
M.E. CASE NO.		2, DAJS-AI	ND HOUR OF DEATH	10
Type or Print) KOZLOWSKI, JAN	nes (or st.	anislaus)	11-66 103	DM
PLACE OF DEATH IN BALTIMORE, MARYAND	(01 000	4. USUAL RESIDENCE (Whe	ne deceased lived. If ins	pution: residence before admis
		A. STATE 12 BICOUP	intertood /	110
FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location)	give street	CACITY OPITOWN A ULCO	INCOUDE M	IPAL and side towarding
INSTITUTION	1	Baltimapa	Manit	JRAL and give township)
Johns Hopkins Hospi	ITAL	D. STREET ADDRESS	rurol, give location)	14100
)3				1-01
6. RACE 7. MARRIED WIDQWE	D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Manths Days Hours M
	HKKLOD	5-5-11	33	
DA, USUAL OCCUPATION (Give kind of work 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
3/ 1 03 3	cert	Baltimore, Ma	rul and	
FATHER'S NAME	4 /	14. MATHER'S MAIDEN NA	1180	U.S.A.
ILAAK M.	1.1.10	//dalla /	Jankie	IMPM
truly land	were	unell (	paralle	
. Was Deceased Ever in U. S. Armed Farces es,na ar unknawn) (If yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	216-10-0182	Mrs. Frances Ko	zlowski 523	N. T.inwood Ave
1B. 2 2 / Y	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			. 0 1	ONICET AND DEATH
LEADING TO DEATH	COV	rebral VASCU	lav (Iruno	ut 12/4
(This does not mean the mode of dying, e.g.		00101	ior office	105 105
heart failure, osthenio, etc. It means the disease injury or complication which caused death.)		1		
ANTECEDENT CAUSES	(B) HU	pertension		
	DOE TO			
rise to the above couse (A) stating the				
UNDERLYING CONDITION last.				
11				- 177 17
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.	ns			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED
		YES		
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF hor category beautiful control of the category beautiful category beau	me, form, factory, street, a	n or about 21C. WHERE DID ffice bldg., IMJURY OCCUR?	(If in Boltimare	City, give exact location)
	E. INJURY OCCURRED	215 HOW DIE 121	LIBY OCCUPS	
OF INJURY		21F. HOW DID INJ	OK! OCCUR!	
	hile At Not While Ork At Work	• /		. /
22. I certify that (1) this hospital) attended	the deceased from	9/21	19 6610	7/2/ 19 6
that (1) (we) last sow the deceased olive an.	61/21			ion death occurred on the
			or in my) (aut) apin	ion death accurred on the
and haur and from the causes stated above.	(I) (We) (did) (did not)	riew the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
Att moun in	M.D. Att	ending Med. Director	Stoff Phys.	9/2/166
23C. PHYSICIANS		23D. ADDRESS		1/1/
C. H. BROWN	111 M.D.			
	IAME of CEMETERY OF CR	The Johns H	opkins Hos	pital
REMOVAL (Specify)			OCATION (City	town, or county) (St
	Stanislaus Cen	metery Ba	altimore, Md.	
SA. DATE REC'D BY HEALTH DEPT. 258. NAME	OF EGISTIAN MA	25C. FUNERAL DIRECTO	R	ADDRESS
SEP 22 1966 ( Cel	LE MONTENTIA	George A. Wel	per 705 South	Ann Street
\$ 150-REV. 1/1/65		2-07	41 11 10	

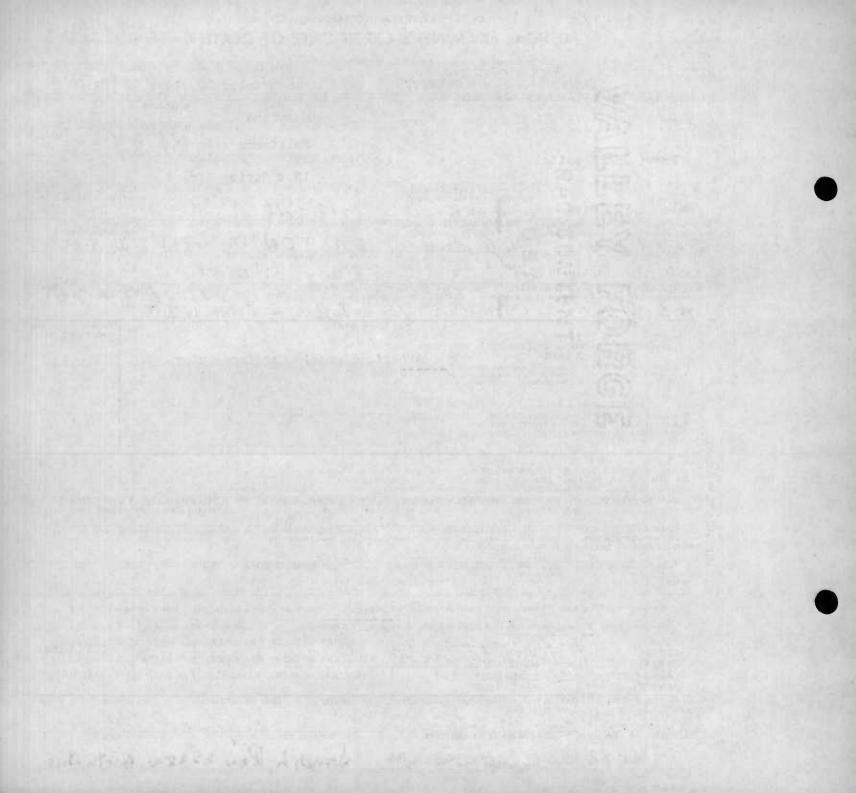
Some Hopins Hopins Market Statement of the Some Some Hopins Hopins Market Statement of the State Hard Hard Horizon of the State o

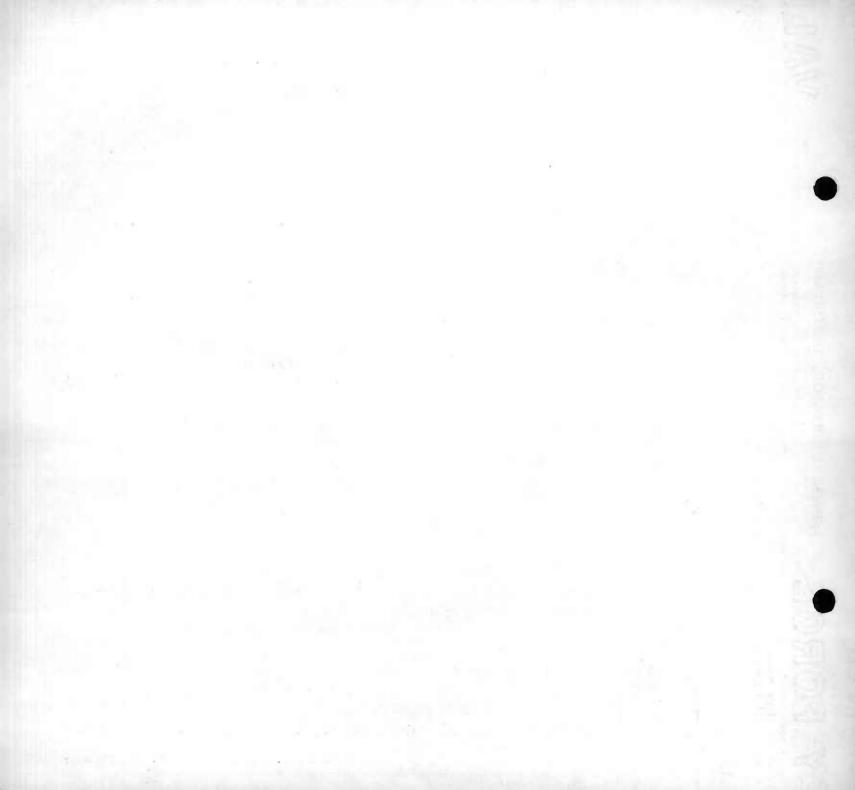
BALTIMORE CITY HEALTH DEPARTMENT

66 U9572

BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

	ENTITICATE OF DEATH MAJORITHM
M.E. CASE NO.  1. NAME OF DECEASED AND GREETOUS	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)	
GERSOUS BENNETT  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	September 20, 1966 6:00 P M.
S. PLACE IN BALLINGRE MARILAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RUMAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	104
	Baltimore / TO 5
Provident Hospital	D. STREET ADDRESS (If rurol, give locotion)
	1802 Etting Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
Male Colored MARRIEO	1-10-21 45
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF
Ship yard Working lile, even if retired) Md, Prydock	EASTOMMARYLAND WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Bennett	Mary Stanley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SO CIAL	
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT 1802 ETTSIN 9 ST.
YES WWI 12-31-43-1-18-44 217-16-9393	IRMA BENNETT
1B. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
LEADING TO DEATH (A) Arter	iosclerotic Cardiovascular
this does not mean the mode of dying, e.g., —Due to -	Disease
injury or complication which coused deoth.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes Yes
✓ 21 A. EXTERNAL CAUSE WAS     ✓ UNDERLYING OR CONTRIB-      Ó UNDERLYING OR CONTRIB-      Ó TON	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    home, form, foctory, street, cetc.)	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	WHILE -
m. WORK AT W	WHILE ORK
I certify that I held an Inquiry Inspection Aut	tapsy 🗵 and that an this basis, death In my opinlan
resulted fram: Natural causes 🗵 Accident 🗌 Suicid	Hamicide Undetermined manner
10 10 10	CHIEF MEDICAL EXAMINER
ACTUAL MALENTANCE	ASSISTANT MEDICAL EXAMINER
SIGNATURE NO.	
EXAMINER'S Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER 9/21/66
NAME (Type)  23A, BURIAL CREMATION, 23B. DATE   23C. NAME of CEMETERY of CEMET	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	1
Burnal 7-26-66 Balto Paho	nal Bultimore Manshand
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
SEP 22 1966 Robert E. Farkeyna	Joseph L. Rams 2>22 W. North Chie
VS 151-REV. 1/1/65	Actually with the second Moule and
A2 131. KEA, 1/1/03	

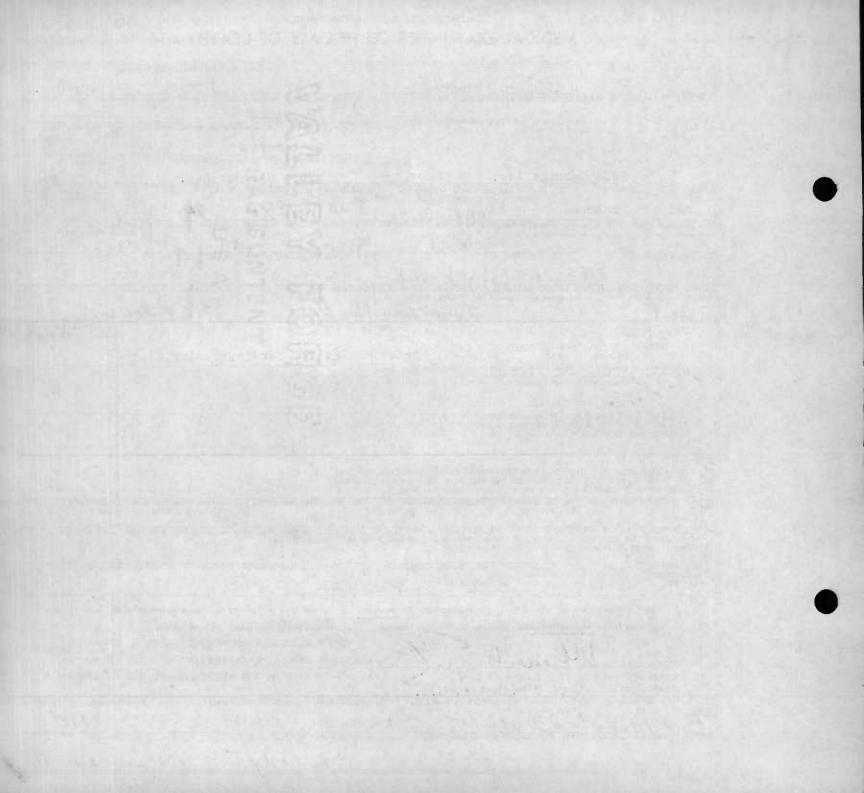




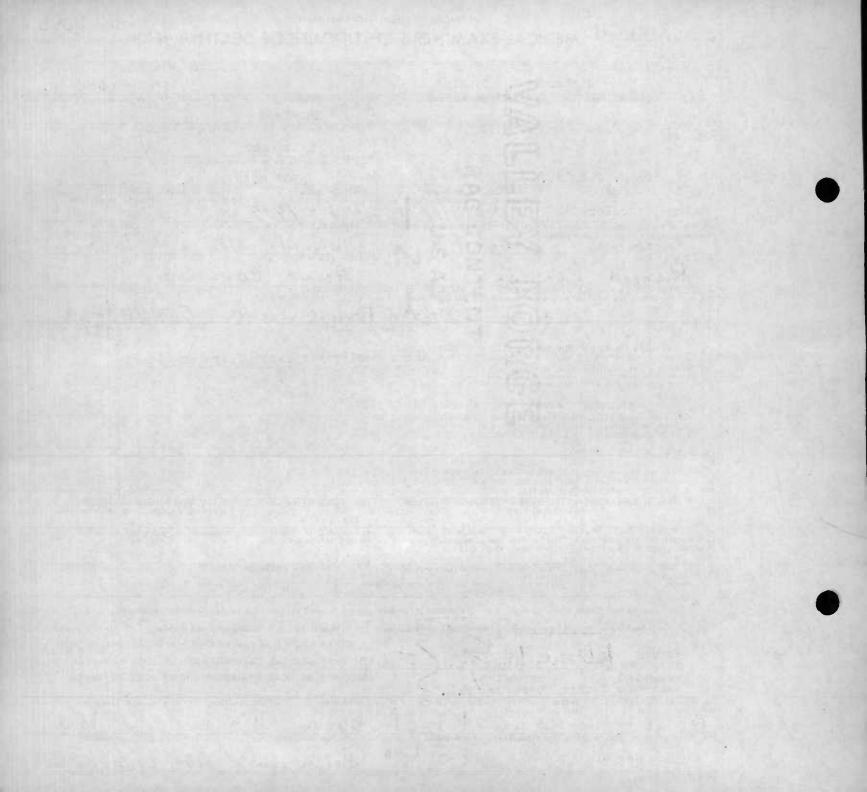


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na.

BIRT	H NO.	MED	ICAL EXAMINER 3	CERTIFICA	IE OF L	JEAIN Kegiste	rea Na	
_	CASE NO.							
Typ	e or Print)	EASED			2. DATE AN	D HOUR PRONOUNC		
			in H. Blackwell			9/20/66	12	2:30 р.м.
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE		deceased lived. If inst 8. COL	Itution: residence b JNTY	etore odmission)
FUL	L NAME OF		AL OR INSTITUTION, GIVE STREET		laryland		BUBAL	4
HO!	SPITAL OR	ADDRESS OR LOCA	ATION)	c. citr ok to	WIN (III OUISID	e corporate limits, write	s KOKAL and give	10 Wh S Tip)
					ltimore			
16	1)	0.001		D. STREET ADD	ORESS (If rurol,	give location)	9'-	57
U	Add .	2634 Garret				rett Ave.	1	
5. SI	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRT	TH	9. AGE (In years last birthdoy)	Months Doys	
	male	colored	MARRIED	JUNE 14	1896	70		
		PATION (Give kind of war varking life, even if retired)	NOB. KIND OF BUSINESS OR INDL	STRY 11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF WHAT COU	NTRY?
done	: during mast at w	voiking me, even in remed,	STEEL	VICTOR	iA	VA.	4.5.	A.
13. F	ATHER'S NAM	LE	Λ.	14. MOTHER'S A				
		STEVE	N Klackwel	/ UNK				
		D EVER IN U.S. ARMEE		17. INFORMANT	1	1 1 1 1 1 1 1 1	ADDRESS	
(Yes,	, na or unknown)	all yes, give war ar date	011	· Mar R/a	at	1 2634	Anner.	- 110
	18.		216-10-210	O MAY DIA	exwel,	2004		VAL BETWEEN
	4	2/1	CA	AUSE OF DEATH				T AND DEATH
	DISEAS	E OR CONDITION DE	IRECTLY	eriosclerot	ic card	iovascular	disassi	
	(This does n				TO CALA.	LOVADCUIAL (	Tocase	
	heort foilure,	at mean the made al asthenia, etc. It mean application which caused	s the disease, death.)					
		MERCEN DENT CALL						
		OR CONDITIONS, IF	(P)		••••			*******************
	RISE TO THE	E ABOVE CAUSE (A) S	TATING THE				- 75	
z	ONDERLIN	IG CONDITION LAST.	(C)					
은		11						
3		NIFICANT CONDITIONS						
프		DEATH BUT NOT RE						
CERTIFICATION	19A. DATE OF		NOTION FOR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSID	ERED
1	2		RFORMED	yes		yes	SES OF DEATH:	
3	21 A. EXTERNAL	OR CONTRIB-	218, PLACE OF INJURY ( home, form, factory, stre	e.g., in ar about 21C.	WHERE DID	(If in Baltimare City, gi	ve exact lacation)	
		SE OF DEATH.	etc.)	, , , , , , , , , , , , , , , , , , , ,				
	21D TIME	(Month) (Day) (Yea	or) (Hour) 21E. INJURY OCCUR	RED 21F. H	ILNI DID WOI	JRY OCCUR?		
	OF INJURY (APPROX.)			NOT WHILE				
	22.		m. WORK	AT WORK	A 10 PM			-
	I cert	ify that I held an	Inquiry Inspection	Autopsy x or	nd that an thi	is basis, deoth In 1	ny opinian	
	resul	ted from: Natural co	ouses 🖹 Accident 📃 Su	iclde Homic	ide 🗌 🛮 U	Indetermined mann	er 🗌	
		1.44	67,	CHIEF A	MEDICAL EX	AMINER -	5.45	E CICNED
	ACTUAL		119 h 7:1-	M.D. ASSISTANT	MEDICAL EX	AMINER X	DA	TE SIGNED
	SIGNATI		The	ASSOCIATE I			9/	20/66
	NAME (		r U. Spite, M.D.	A330CIA 1 E .	MEDICAL L		,	20,00
	BURIAL CREA	MATION, 238 DATE	23C. NAME of CEMET	ERY or CREMATORY	23 D. L	OCATION (City	, town, ar county)	(Stote)
KEN	AOVAL (Specify	11 9 2	4-1-6 NIT (1	aluneu	A	A. Co	1 1993	Md.
24A	DATE REC'D	BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNE	RAL DIRECTOR	.,, 00	ADDRES	is
					Λ		,	
	C	EP 22 1966	10 0 8-8 Fallen	MORT	ON + DUR	11 170,	LAURE	1521
VS	151-REV. 1/1/			A 19				



BIRT	н 65 U	9576 MED		SALTIMORE CITY HEAL  CAMINER'S CI			FATH Register		6 09576
	CASE NO.	77120	I CALL	TATALLA CI		- 0			
1. 1	AME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
СТУР	e or Print)	Richard	C. C	ousins			9/19/	/66	5:25 p. M.
3. P	LACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	NCE (Where	deceosed lived. If insti B. COU	tution: resi NTY	dence before odmission)
HO:	L NAME OF SPITAL OR STUTION	(IF NOT IN HOSPITA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore				
	, ,				D. STREET ADDR			1	1-01
6	503	N. Paca St.				503 N.	Paca St.		
5. S		6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	1000	9. AGE (In years lost birthdoy)	Months	r 1 Yr. If Under 24 Hrs. Days Hours Min.
	ale	colored	MA KIND OF	ARRIED BUSINESS OR INDUSTRY	11-14	State or foreign	58	12. CITIZ	EN OF
	during most of v	vorking life, even if refired)	LAUI	dry	DININO	odie.	VA.	WHA	AT COUNTRY?
13. F	ATHER'S NAM	IE /	,		14. MOTHER'S MA	1			
9 5 4	Kich	ard Con	SINS		HNN	AC	OUSIN'S		
		O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	A	A CONTRACTOR	ADDRES	0
				211-07-2452	TAULINE	Cousi.	is 503	N.	TACA.
	18.	211	69-3	CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY	Antoni	1				
	(This does n	LEADING TO DEATH		(A) ALLELL	oscierotic	cardio	vascular di	sease	
	heart failure,	osthenio, etc. It meons application which coused	the disease, deoth.)						
	Δ	NTECENDENT CAUSE	:5						
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B) DUE TO		4 000 4 00 4 4 000 0 000 0 000			
		E ABOVE CAUSE (A) ST IG CONDITION LAST.	TATING THE						
S				(C)					
¥	OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBUTION	ı.G					
ERTIFICATION	TO THE	DEATH BUT NOT RE	LATED TO T						
CER	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	no	(Yes or No)	20 B. IF YES, WERE FIN	ES OF DE	ON SIDERED EATH?
O	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. W	HERE DID (	If in Boltimore City, give	ve exoct le	ocotion)
ME	21D TIME	(Month) (Doy) (Yeo		TE, INJURY OCCURRED	21 F. HO	M DID INTO	RY OCCUR?		
	OF INJURY (APPROX.)		m. V	VHILE AT NOT	WHILE ORK				
	22.	rify that I held an I	nquiry 🗌	Inspection X Aut	apsy and	that an thi	s basis, death in m	y apinio	n
	resul	ted fram: Natural ca	uses X A	ccident Suicid	e Hamicia	de 🗌 U	Indetermined manne	er 🗌	
	ACTUAL		h.	7-1-	ASSISTANT ME	EDICAL EX			DATE SIGNED
	SIGNAT EXAMIN	ER'S	Spitz	1	ASSOCIATE M			9/2	20/66
	BURIAL CRE			C. NAME OF CEMETERY OF	CREMATORY	23 D. Lo	CATION (City,	town, or	county) (Stote)
	OVAL (Specify	BY HEALTH DEPT.	3 -66 248, NAME	OF REGISTRAR	4 by TA	L DIRECTOR	BAIto.		Md.
		SEP 22 1966	Robert	7 E. Farkey MA	MORTO	v + Dye	TT 1701	LAU	RENS ST
VS	151-REV. 1/1/				1 1 2	. (			

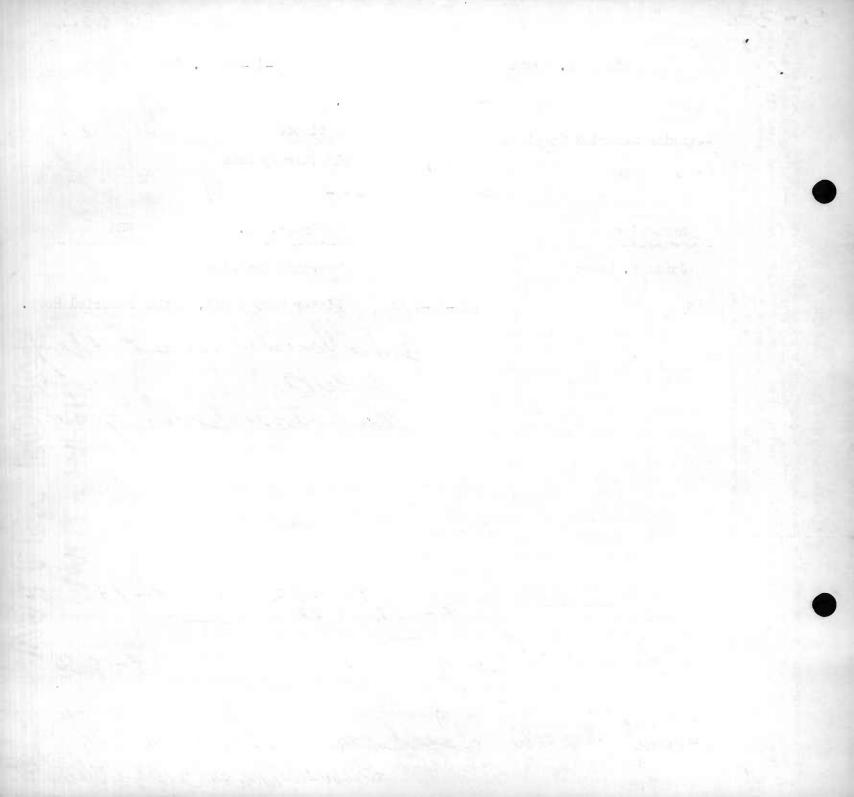


attendance on the

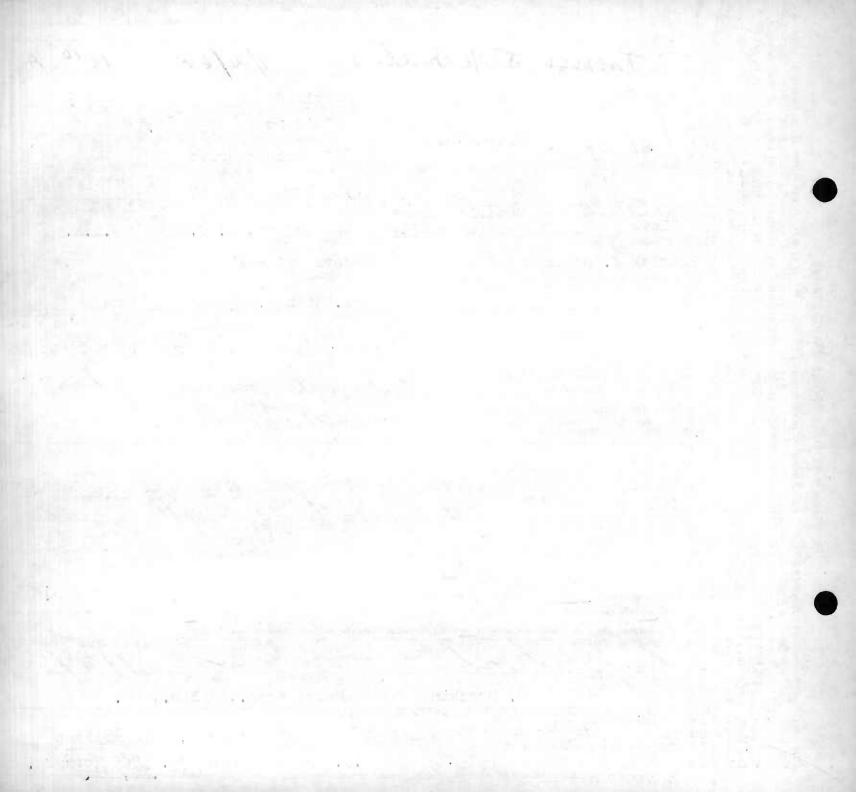
a hospital and

.E. CASE NO.			and a contract to			
NAME OF DECEASED		2. DATE	AND HOUR OF DEA	ТН		
Lillie M. Scot	t	9_	19-66 2.08	AM I		
PLACE OF DEATH IN BALTIMORE, MARYLAN	ND	4. USUAL RESIDENCE (W	here deceased lived. I	f institution: residence before admiss		
			ONT			
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location)	titution, give streel	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
INSTITUTION						
Jenkins Memorial Hospit	a ]	Baltimore				
		D. STREET ADDRESS (If rurol, give location)				
1600 Caton a	lol. 21229	319 Tuscan				
	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Min		
	Widow	10-6-76	lost birthdoy	30,000		
A. USUAL OCCUPATION (Give kind of work 10B. 1	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or f	oreign country)	12. CITIZEN OF		
ne during most of working life, even if retired)		73.7.1.1	2/2	WHAT COUNTRY?		
Housewife		Baltimore,		USA		
FATHER'S NAME		14. MOTHER'S MAIDEN	IAME			
James H. McFee		Virginia I	Rondolla			
Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	Virginia I	DOUGETTE	ADDRESS		
es, no or unknown) (If yes, give wor or dotes of	SECURITY NO.					
No	216-32-7460	Sister Man	ry Cyril, Jen	kins Memorial Hosp		
18. of 11 - Y	CAUSE					
		DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTL	Y		1. 1	ONSET AND DEATH		
DISEASE OR CONDITION DIRECTL	Y Pul		la Cen			
LEADING TO DEATH (This does not mean the made of dying	g, e.g., (A)		la Cen			
LEADING TO DEATH (This does not mean the made of dyinheart failure, asthenia, etc. It means the	g, e.g., Due to	bo Voces	la Ceca			
LEADING TO DEATH  (This does not mean the made of dyin- heart failure, asthenia, etc. It means the a injury or complication which coused death	g, e.g., Due to		la Ceca			
LEADING TO DEATH (This does not mean the made of dyinheart failure, asthenia, etc. It means the	g, e.g., Due to disease, h.)		la Cerc			
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or complication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any,	(B) DUE TO		la Ceca			
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the cinjury or complication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis	(B) DUE TO		la Ceca			
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or complication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION last.	(B) DUE TO		la Ceca			
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or complication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION last.	giving (C)		la Ceca			
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or complication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION last.	giving (C)		la Ceca			
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or complication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.	giving ng the (C)  RIBUTING TO THE	bo Vocen HEVD Lu Ciotire	releso	Sear years		
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or complication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTROLATED TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.	giving ng the (C)  RIBUTING TO THE		As elesto			
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or camplication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) static UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTENT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORM	giving ng the (C)  RIBUTING TO THE  N FOR WHICH OPERATION ED	So Vocess  HOD  Lee Cothers  20 A. AUTOPSY? (Yes or	No) 208. IF YES, WE IN CERTIFYING	Sea years  RE FINDINGS CONSIDERED CAUSES OF DEATH?		
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or complication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) statis UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTENT TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CONTENT OF CONTENT WAS UNDERLYING 19B. CONDITIONS CONTENT OF CON	giving ng the (C)  RIBUTING TO THE	So Vocess  Hele College  [20 A. AUTOPSY? (Yes or in or obout 21 C, WHERE DID	No) 208. IF YES, WE IN CERTIFYING	ONSET AND DEATH  LENT Y LARY  GREEN YLARY  RE FINDINGS CONSIDERED		
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or camplication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) statis UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTENT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	giving ng the  (B)  DUE TO  DUE TO  CO  RIBUTING TO THE  N FOR WHICH OPERATION ED  218. PLACE OF INJURY (e.g.,	So Vocess  Hele College  [20 A. AUTOPSY? (Yes or in or obout 21 C, WHERE DID	No) 208. IF YES, WE IN CERTIFYING	ONSET AND DEATH  LENT FLAG  GEORGE  GEORGE  RE FINDINGS CONSIDERED  CAUSES OF DEATH?		
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or camplication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) statisty of the country of	giving ng the  (B)  DUE TO  DUE TO  RIBUTING TO THE  N FOR WHICH OPERATION ED  21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	20A. AUTOPSY? (Yes or in or obout 21 C, WHERE DID office bldg., INJURY OCCUR:	No) 208. IF YES, WE IN CERTIFYING	Secritary Jeans  RE FINDINGS CONSIDERED CAUSES OF DEATH?		
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or camplication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) statisty of the country of the country of the condition last.  11  OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Ho OF INJURY)	giving ng the  (B)  DUE TO  DUE TO  RIBUTING TO THE  N FOR WHICH OPERATION ED  21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	20A. AUTOPSY? (Yes or in or obout 21C, WHERE DID office bidg., INJURY OCCUR:	No) 208. IF YES, WE IN CERTIFYING	Secritary Jeans  RE FINDINGS CONSIDERED CAUSES OF DEATH?		
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or complication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) statisty of the country of	giving ng the  (B)  DUE TO  DUE TO  DUE TO  GRIBUTING TO THE  N FOR WHICH OPERATION ED  21 B. PLACE OF INJURY (e.g., born, foctory, street, cetc.)  21 E. INJURY OCCURRED	20A AUTOPSY? (Yes or in or obout 21C, WHERE DID office bldg., INJURY OCCUR.)	No) 208. IF YES, WE IN CERTIFYING	Seas Gears  RE FINDINGS CONSIDERED CAUSES OF DEATH?		
LEADING TO DEATH  (This does not mean the made of dyinheart failure, asthenia, etc. It means the ainjury or camplication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) statisty of the country of the country of the condition last.  11  OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Ho OF INJURY)	giving ng the  (C)  RIBUTING TO THE  N FOR WHICH OPERATION ED  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  ur)  21 E. INJURY OCCURRED  While At   Not Wh. At Work	20A AUTOPSY? (Yes or in or obout 21C, WHERE DID office bldg., INJURY OCCUR.)	No) 208. IF YES, WE IN CERTIFYING	Sees years  RE FINDINGS CONSIDERED CAUSES OF DEATH?		

23 B. DATE SIGNED Stoff Phys. M.D. Attending Med. Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 24A. BURIAL CREMATION, 24D. LOCATION 24B. DATE 24C. NAME 01 CREMATORY (City, town, or county) (Stote) 258. NAME OF REGISTERAR Roled E. Jan EP 22 1966 VS 150-REV. 1/1/65



FUNERAL DIRECTOR:



IMPORTAN

FUNERAL DIRECTOR:

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



	66	09580	В	ALTIMORE CITY	HEALTH DEPARTM	MENT	1	66	09580	0
	I NO.	03360	C	ERTIFICA	TE OF DEA	TH	Registered Na.	-00	00000	J
1, NA	CASE NO.  AME OF DECEASE  OF Print ANKU	INAS, AMEL	IA K.A.			720/	HOUR OF DEATH		10:45	F
3. PL		IN BALTIMORE, MAI		et	4. USUAL RESIDENCE A. STATE MARY LAND	B. COUNTY	doceasod livod. If i	Saul	sidence before	admissi
/H	OSPITAL OR	oddress or location			C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
S	T. AGNES	HOSPITAL	و ملاويات		BALTIMORE  D. STREET ADDRESS (If rure), give location)					
CB	ATON AND ALTIMORE	WILKENS MARYLAN	AVENUE D 21229		163 OAKL	EE B	VILLAG	If Under 1 Yr If Under 24 b		
	EMALE	WHITE	WIDOWED	RCED (specify)	8. DATE OF BIRTH	3 10:	AGE (In yeors	If Under Months		der 24 h
done		ng life, even if retired)	108, KIND OF BUSINE		LITHUANIA		country)		EN OF AT COUNTRY? UANIA	
	ATHERS NAME				14. MOTHER'S MAID	DEN NAME		1		
		KACANAUSKA	S (DE	CID)		UNK	NOWN	(	DEC 1D)	
		r in U. S. Armod Fore yes, give wor or doto:		5628	17. INFORMANT M. HOSPITAL					
1	18.4-20	.01		CAUSE O	DEATH				NTERVAL BET	
	LEA (This daes not a heart failure, asth	OR CONDITION DIR ADING TO DEATH mean the made of nenia, etc. It means	dying, e.g., the disease,	DUE TO	Acule the	afred	ter failu	ue l		dente de
		alian which caused	death.)	(8)	1 1 1 -	0	1 1	9		
		ECEDENT CAUSES		DUE TO	Theres	scler	),c			
		CONDITIONS, if (bave cause (A)		(C)	Heart	Des	ense			
	UNDERLYING C	ONDITION last.								
ATION	TO THE DEAT	ANT CONDITIONS C H BUT NOT RELA NOTION CAUSING I	TED TO THE							
	19A-DATE OF OP		OITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Y.		208. IF YES, WERE IN CERTIFYING CA	FINDINGS AUSES OF I	CONSIDERED DEATH?	
0	21 A. ACCIDENT NO.		21B. PLACE home, form, etc.)	OF INJURY (e.g., ir foctory, street, of	or obout 21 C. WHERE fice bldg., INJURY OC	E DID CCUR?	(If in Baltimo	re City, give	e exoct locotion	n)
AEDI	21D. ΠΜΕ (M OF INJURY (APPROX.)	onth) (Doy) (Year)	(Hour) 21 E, INJURY While At Work	OCCURRED  Not While At Work	21 F. HOW					
	22. I certify that (X) (this hospital) attended the deceased fram SEPTEMBER 10, 1966, SEPTEMBER 19, 1966 that (X) (we) last saw the deceased alive an SEPTEMBER 19, 1966 and that in (Xy) (aur) apinian death accurred an the deceased that (X) (we) last saw the deceased alive and (X) (W) (W) (W) (W) (W) (W) (W) (W) (W) (W									
1			ed abave. 🗴 (We) (				in (wwy) (dur) ap	rnian deal	n accurred o	in the
1	3A. SIGNATURE	1-00	r					23B, DAT	E SIGNED	
	0	190 k	menez	Phy:		tor Pi	off ny s.		7-31	1-60
	PHYSICIAM'S NAME (Type) MANUE!		NEZ O	M.D.	ST. AGNES	s HOS	PITAL -C	ATON	& WILK	ENS
24A.	REMOVAL (Spec	ION, 24B. DATE	24C. NAME of	CEMETERY OF CRE	MATORY	24D. LO		City, town, o		(Stote
	BURTAL	9-24-66		ANISLAUS			BALTIMORE,	MA	RYLAND	
25A.	DATE REC'D BY		125B. NAME OF REGIS	Charles and	HOWARD H.		ARD,4107 V	VILKENS	ADDRESS AVENUE	E #2

[12] 1. 1. [12] 1. 1. [12] 1. 1. [12] 1. [12] 1. [12] 1. [12] 1. [12] 1. [12] 1. [12] 1. [12] 1. [12] 1. [12] 1.

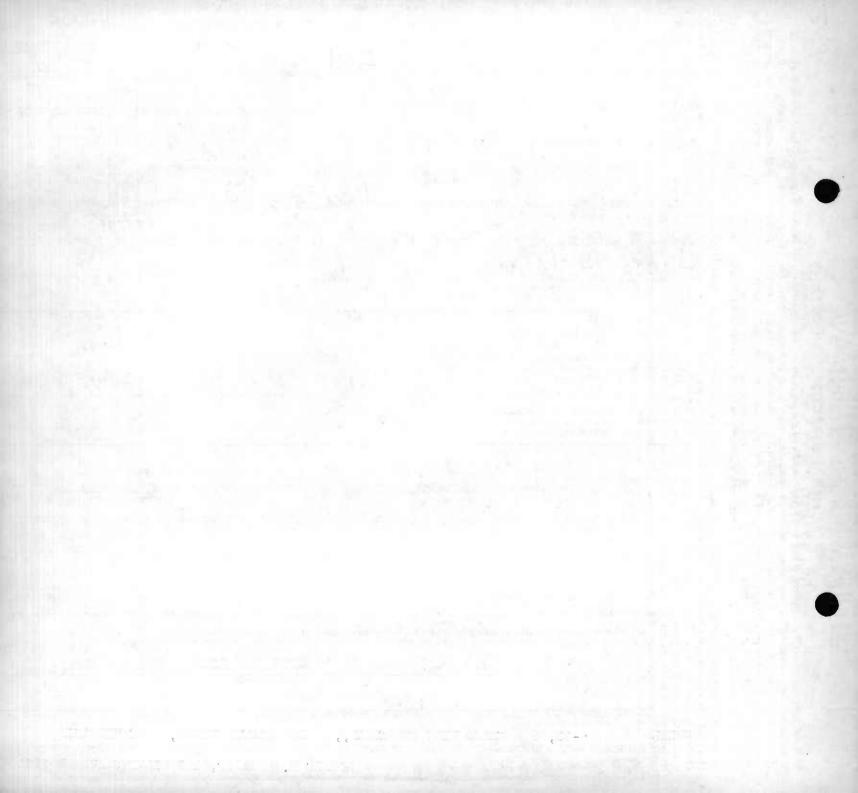
THE STATE OF THE S

THE PARTY OF THE P

## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6 09581

NAME OF DECEASED Col			2. DATE AND HOUR PRONOUNCED DEAD 9/20/66   2:20 a.			
		n	Z, DATE AND			
PLACE IN BALTIMORE, MARYLAND, WE	MEN	DED DEAD	4. USUAL RESIDENCE (Where A. STATE Maryland		tution: residence before odmissio	
OSPITAL OR ADDRESS OR LOCA	TION)	10-17-66	C. CITY OR TOWN (If outside	corporate limits, write	RURAL and give township)	
ISTITUTION			Baltimore		Jessup, Md.	
University Hosp	ital		D. STREET ADDRESS (If rurol, Box 4	give location)	63-00	
SEX 6. RACE male white	7. MARRIED, N	EVER MARRIED VORCED (specify)	8. DATE OF BIRTH 5/20/16	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months, Doys Hours, Min	
A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)  Clerk		Manor Motel	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?	
FATHER'S NAME			14. MOTHER'S MAIDEN NAME		USA	
Samuel C. Hutson			Mary Hudgins			
. WAS DECEASED EVER IN U.S. ARMED	FORCES?	6. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
WWII			Samuel C. Hutse	on, Redart,	Va.	
18.		CAUSE	OF DEATH		INTERVAL BETWEEN	
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	AUNO INC	(C)				
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL	ATED TO TH					
DISEASE OR CONDITION CAUSING	ATED TO THE	E	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?	
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONI WAS PERF 21A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) OF INJURY	ATED TO TH  IT.  DITION FOR W FORMED  218. PI home, etc.) (Hour) 211	HICH OPERATION  ACE OF INJURY (e.g., form, foctory, street, composed to the co	yes in or obout 21C. WHERE DID ( office bldg, INJURY OCCUR?  Washington 21F. How DID INJU	IN CERTIFYING CAUS  If in Bollimore City, giv  -Baltimore F  RY OCCUR?	ES OF DEATH?	
DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CONING 21A, EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 9 ? 66  22. I certify that I held an In resulted fram: Natural cau ACTUAL SIGNATURE EXAMINER'S	218. Plant Por Web Por March Por M	HICH OPERATION  ACE OF INJURY (e.g., form, foctory, street, component of the component of t	yes in or obout 21C. WHERE DID ( ffice bldg, NJURY OCCUR?  Washington 21F. How DID NJU  WHILE Shot in h	IN CERTIFING CAUS If in Boltimore City, giv  Baltimore I  RY OCCUR?  ead  s basis, death in m  Indetermined manne  AMINER AMINER	EXPWY., Jessup	
TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CONI WAS PERF 21A, EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 9 ? 66  22.  I certify that I held an in resulted fram: Natural cau  ACTUAL SIGNATURE	218. Phome, etc.)  (Hour)  (Ho	HICH OPERATION  ACE OF INJURY (e.g., form, foctory, street, component of the component of t	yes in or obout 21C. WHERE DID office bldg. NJURY OCCUR? Washington 21F. How DID INJU WHILE Shot in h rapsy x and that an thi e Hamicide x U CHIEF MEDICAL EX ASSISTANT MEDICAL EX ASSOCIATE MEDICAL EX	IN CERTIFING CAUS If in Boltimore City, giv  Baltimore I  RY OCCUR?  ead  s basis, death in m  Indetermined manne  AMINER   AMINER   AMINER   AMINER	ES OF DEATH?  We exact location)  Expwy., Jessup  By apinian  DATE SIGNED	

AND STATE TO STATE TO STATE OF THE STATE OF



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

Today and a second 

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

Tow! Avo

Premium Bruch 3 House

? Congenital Mental Petardation

1/6 79 23b/b 81/6

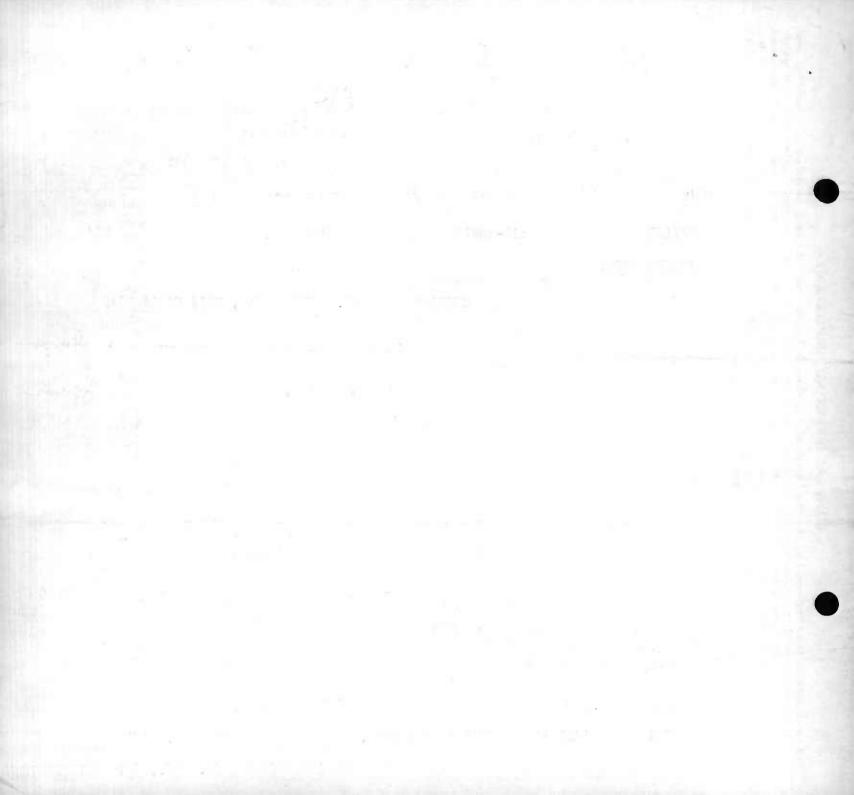
All Spariding Johns Hopkinstraphil

IMPORTANI

FUNERAL DIRECTOR:

ARRIVE COR

3)	BALTIMORE CIT	TY HEALTH DEPARTMENT				
BIRTH NO. 66 U9586	CERTIFIC	ATE OF DEATH	Registered No.	6 09586		
W.E. CASE NO.	CERTITIO			0 0000		
Type or Print)	CN - 11 m	2, DATE AND	HOUR OF DEATH	1-1 6:2-0		
W 217 16 W	2 HOHE		1 100	-60 0.50 CM.		
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where	deceased Wved. If in	stitution: residence before odmission)		
		Mal		15, 100		
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	nstitution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
INSTITUTION		C. CITY OR TOWN (II SUTSI	de city limits, write	KUKAL and give township)		
1		Ballmor	6	0 3-1-1		
SINAI HOSPITAL		D. STREET ADDRESS (If ru	rol, give location)			
MO.		7612 0	arler Ad			
- SEX   6. RACE   7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
7	WIDOWED, DIVORCED (specify)	Q	st birthdoy)	Months Doys Hours Min.		
MALE	maned	1 10 11	11			
OA, USUAL OCCUPATION (Give kind of work 101 one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTI	IT 11. BIRTHPLACE (Stote or foreign	n country)	12, CITIZEN OF WHAT COUNTRY?		
	FIF FIRMANEO	DUTTUAR	LIBILL ALIO	10-40		
TAILOR S	ELF-EMPLOYED	14. MOTHERS MAIDEN NAM	IARYLAND	USA		
* FRIDER 3 DAME		- MOTHER 3 MAIDEN NAM				
JOSEPH SACHS		RACHAEL	?			
. Was Deceased Ever in U. S. Armed Forces	16. SOCIAL	17. INFORMANT	•	ADDRESS		
es, no or unknown) (If yes, give wor or dotes o	SECURITY NO.					
NO	UNKNOWN	MRS. EDITH SACH	S. 7618 CAT	RLA ROAD		
18. 44 41 3 XI		OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIREC	TIV		^	ONSET AND DEATH		
LEADING TO DEATH	M	1 0 0	TO	+ 3 days		
(This does not mean the made of dy	ing e.g. Due TO	Locasia	Total			
heart failure, asthenia, etc. It means the		3	\	0		
injury or camplication which caused de	ath.)	100000		1 8 y		
ANTECEDENT CAUSES	(B)	111200		· Jeans		
DISEASES OR CONDITIONS, if any	DUE TO			3		
rise to the above cause (A) ste						
UNDERLYING CONDITION last.	••••••					
11						
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING					
TO THE DEATH BUT NOT RELATED						
	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20R IF VEC WEDE I	FINDINGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDIT		ZUAL AUTOFST: (Tes of 140)	IN CERTIFYING CA	USES OF DEATH?		
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
DEATH (notify medical examiner)	etc.)	July State of Contract of Cont				
2		215 110111 212 11111	DV 0.001122			
OF INTITION	Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?			
(APPROX)	While At Work At Wo					
				212		
22. I certify that (I) (this haspital) a			. Ge. 6 1a	1 20 19 66		
that (1) (we) last saw the deceased of	live an 1 20	19and that	rin(my) (aur) apl	nion death accurred an the date		
and haur and fram the causes stated	abaya MWaY(4:4) (4:44)					
	and the fill way (gig ugi)	view the budy direr death.		COR DATE SIGNED		
23A. SIGNATURE	100			23B. DATE SIGNED		
1 (50)	M.D. A	hys. Med. S	hys.	9/20/46		
23C.PHTSICIAN'S		23D. ADDRESS				
NAME (Type)			HOS 6	) ' '		
S. GORDON	M.I	1 MAI	13030			
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. LO	CATION (Ci	ty, town, or county) (State)		
REMOVAL (Specify)						
BURIAL 9/22/66	BNAI ISRAEL C	ONG.	BALTIMORE,	MARYLAND		
SA. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
SEP 22 1986 (	DO BEF STALLOWAN	SOL LEVINSON &	E BRAS THE	6010 REISTERSTON		
第6日 スス 15001	1 2 301 11 - 1	SOL, LEVINSON &	S PINOS TIAC	. ONIN VETSIEKSION		
\$ 150-REV. 1/1/65		4				



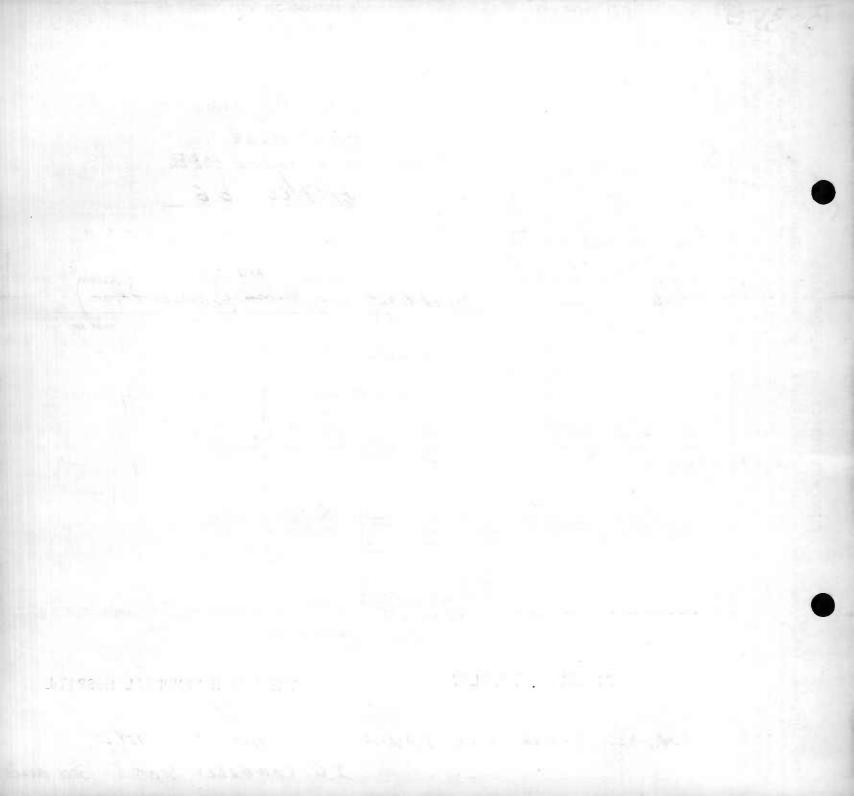
NAME OF DE	- The second sec	SAV			OA /	11 40
PLACE OF DI	LRVING	RYLAND		4. USUAL RESIDENCE (When	20-6 6 ere deceased lived, If	institution: residence before admission
FULL NAME HOSPITAL OR INSTITUTION		n)	give street	MD. B. COUN	ALT/07 0/ Itside city limits, write	
1251	NAIM	e 3 1º.			rurat, give location)	DR.
SEX.	6. RACE	7 MARRIED	NEVER MARRIED		9. AGE (In years	
M	W	WIDOWED	PERIED		lost birthday	If Under 1 Yr. If Under 24 H Manths: Doys Hours Min.
	f warking tite, even if retired)	NIOB, KIND OF	BOSINESS OK INDUSIKI	II. BIKIMPLACE (State of tare)	ign country)	12. CITIZEN OF WHAT COUNTRY?
WEIGH		H. K	LAFF & CO.		POLAND	? USA
FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
BEN JAM				ESTHER	?	
. Was Decease es, na ar unknaw NO ?	d Ever in U. S. Armed Far (n) (If yes, give war ar dale	ces? es of service)	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT	SAX MAZZINA	COLUMBUS DRIVE
1B. 19 C	1.2.1		CAUSE OF	DEATH		INTERVAL BETWEEN
166.6	100	PECTLY				ONSET AND DEATH
DISEA	ASE OR CONDITION DIE				A	( )
DISEA	LEADING TO DEATH		(A) RES	P. + CARDIAC	HAREST	
(This does	LEADING TO DEATH	dying, e.g.,	(A) RES	P. + CARDIAC	ARREST	
(This does heart failure	LEADING TO DEATH	dying, e.g., the disease,	005 10			wol.
(This does heart failure	LEADING TO DEATH not meen the mode of , asthenio, etc. It meens	dying, e.g., the diseose, deoth.)	005 10			49hs.
(This does heart failure injury or co	LEADING TO DEATH not meon the mode of , asthenio, etc. It meons mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if	dying, e.g., the disease, death.)	005 10			sylve.
(This does heart failure injury or co	LEADING TO DEATH not meen the mode of, asthenio, etc. It meens mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if ne obove cause (A)	dying, e.g., the disease, death.)	005 10	P.+CARDIAC SPATIC CO TASTATIC		office.
(This does heart failure injury or co	LEADING TO DEATH not meon the mode of , asthenio, etc. It meons mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if ne obove cause (A) IG CONDITION lost.	dying, e.g., the disease, death.)	005 10			egho.
(This does heart failure injury or co	LEADING TO DEATH not meon the mode of , asthenio, etc. It meons mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if ne obove cause (A) IG CONDITION lost.  HEICANT CONDITIONS C DEATH BUT NOT RELA	dying, e.g., the disease, death.) ony, giving stating the	(B) HE			eghs.
(This does heart failure injury or co  DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE IDISEASE OR	LEADING TO DEATH not meon the mode of, asthenio, etc. It meons mplication which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne above cause (A) ng CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	dying, e.g., the disease, death.) ony, giving stating the CONTRIBUTING TO THE T.	(B) HE		CH.	extho.
(This does heart failure injury or co	LEADING TO DEATH not meon the mode of , asthenio, etc. It meons mplicotion which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne obove cause (A) IG CONDITION lost.  HIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I  FOPERATION 198. CON WAS PERI	dying, e.g., the disease, death.)  ony, giving stating the CONTRIBUTING ATED TO THE T. DITION FOR WED	(B) A-A-COUNTY (C) ME	EPATIC CO	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
(This does heart failure injury or co DISEASES tise to the UN DERLYIN OTHER SIGN TO THE DISEASE OR 19A-DATE OF CONTRIB DEATH (natif	LEADING TO DEATH not meon the mode of, asthenio, etc. It meons mplication which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne above cause (A) ng CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	dying, e.g., the disease, deoth.)  ony, giving stating the CONTRIBUTING TO THIT.  DITION FOR VECTOR TO THE TAXABLE TO THE TAXA	(B) HE DUE TO  (C) HE  WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off	EPATIC CO	20B. IF YES, WERE IN CERTIFYING C	extho.
OTHER SIGN TO THE CONTRIBE OR CONTRIBE DEATH (natif	LEADING TO DEATH not meon the mode of , asthenio, etc. It meons mplicotion which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne obove cause (A) G CONDITION lost.  INFICANT CONDITIONS CONDITIONS CONDITION CAUSING I CONDITION CAUSING I F OPERATION 198. CON WAS PERI	dying, e.g., the disease, death.)  ony, giving stating the CONTRIBUTING TO THIT.  CONTRIBUTION FOR VECTOR FORMED  218. hometc.)	(B) HE DUE TO  (C) HE  WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off	SPATIC CO	20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
(This does heart failure injury or co DISEASES tise to the UN DERLYIN OTHER SIGN TO THE DISEASE OR 19A-DATE OF CONTRIB DEATH (natif	LEADING TO DEATH not meon the mode of , asthenio, etc. It meons mplicotion which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne obove cause (A) IG CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	dying, e.g., the disease, death.)  ony, giving stating the CONTRIBUTING TO THIT.  DITION FOR VERNED  (Hour) 21E. Whi	(B) ALDUE TO  (C) ME  VHICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, off in the control of t	20A. AUTOPSY? (Yes or No or about 21C. WHERE DID INJURY OCCUR?	20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
(This does heart failure injury or consider the control of the con	LEADING TO DEATH not mean the mode of , asthenia, etc. It means mplication which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne obove cause (A) IG CONDITION tost.  INFICANT CONDITIONS COUNTY INFICANT COUNTY INFICA	dying, e.g., the diseose, deoth.)  ony, giving stating the CONTRIBUTING TO THIT.  DITION FOR V FORMED  (Haur) 21E. Whi War	(B) AL DUE TO  (C) ME  WHICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, off in the foctory, of interest in the foctory,	20 A. AUTOPSY? (Yes or No or about 21 C. WHERE DID INJURY OCCUR?	20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE DISEASE OR 19A-DATE OF INJURY (APPROX.)	LEADING TO DEATH not meon the mode of, ashlenio, etc. It meons implication which coused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) is condition to conditions of the condition of the	dying, e.g., the disease, deoth.)  ony, giving stating the CONTRIBUTING TO THIT.  DITION FOR VERNED  (Haur)  (Haur)  21E. Whi War	VHICH OPERATION  PLACE OF INJURY (e.g., in e.g., form, foctory, street, off injury occurred le AI Not While k at Wark are deceosed from	20A. AUTOPSY? (Yes or No or about 21C. WHERE DID injury occur?  21F. How DID INJ	20B. IF YES, WERI IN CERTIFYING C (If in Baltime	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact lacation)
OTHER SIGN TO THE DISEASE OR 19A-DATE OF CONTRIB DEATH (notification) 121D. TIME OF INJURY (APPROX.)	LEADING TO DEATH not meon the mode of , asthenio, etc. It meons mplicotion which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne obove cause (A) IG CONDITION lost.  HIFICANT CONDITIONS C DEATH BUT NOT RELA IC CONDITION CAUSING I OF OPERATION 198. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF y medicol examiner)  (Month) (Day) (Year)	dying, e.g., the disease, deoth.)  ony, giving stating the CONTRIBUTING ATTED TO THIS.  CONTRIBUTION FOR VERY FORMED  (Haur)  218. White War War was a control of the contr	VHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred in the end of the end occurred in the end	20A. AUTOPSY? (Yes or No or about 21C. WHERE DID in) JURY OCCUR?  21F. HOW DID INJ	20B. IF YES, WERI IN CERTIFYING C (If in Baltime	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact lacation)
OTHER SIGN TO THE IDISEASE OR 19 A. DATE OF INJURY (APPROX.)  22. I certify the Ord hour or ond hour or contents.	LEADING TO DEATH not mean the mode of , ashemic, etc. It means mplication which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne above cause (A) IG CONDITION lost.  HIFICANT CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING I FOPERATION 198. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)  y that (Vithis hospital ) lost sow the decease and from the couses state	dying, e.g., the disease, deoth.)  ony, giving stating the CONTRIBUTING ATTED TO THIS.  CONTRIBUTION FOR VERY FORMED  (Haur)  218. White War War was a control of the contr	VHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred in the end of the end occurred in the end	20A. AUTOPSY? (Yes or No or about 21C. WHERE DID injury occur?  21F. How DID INJ	20B. IF YES, WERI IN CERTIFYING C (If in Baltime	E FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact lacation)  9 - 20 19 (a.c.)  pinion deoth occurred on the december of the december
OTHER SIGN TO THE DISEASE OR 19A-DATE OF CONTRIB DEATH (notification) 121D. TIME OF INJURY (APPROX.)	LEADING TO DEATH not mean the mode of , ashemic, etc. It means mplication which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne above cause (A) IG CONDITION lost.  HIFICANT CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING I FOPERATION 198. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)  y that (Vithis hospital ) lost sow the decease and from the couses state	dying, e.g., the disease, deoth.)  ony, giving stating the CONTRIBUTING ATTED TO THIS.  CONTRIBUTION FOR VERY FORMED  (Haur)  218. White War War was a control of the contr	VHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off in work)  INJURY OCCURRED  Le At	20A. AUTOPSY? (Yes or No or about 21C. WHERE DID injury OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 ond the lew the body ofter deoth.	20B. IF YES, WERI IN CERTIFYING C (If in Baltime URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  are City, give exact lacation)  19 (a.e.)  pinion deoth occurred on the december of the
OTHER SIGN TO THE DISEASE OR 19A-DATE OF INJURY (APPROX.)  21A. SIGN TO THE DISEASE OR 19A-DATE OF INJURY (APPROX.)  22. I certify the (I) we ond hour or 23A-SIGN AT	LEADING TO DEATH not meon the mode of, ashlenio, etc. It meons implication which coused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) IG CONDITION IOST.  INFICANT CONDITIONS CONDITIONS CONDITION CAUSING IN THE CONDITION CAUSE OF the condition of the couse state of the couses state of the couse of the co	dying, e.g., the disease, deoth.)  ony, giving stating the CONTRIBUTING ATTED TO THIS.  CONTRIBUTION FOR VERY FORMED  (Haur)  218. White War War was a control of the contr	VHICH OPERATION  PLACE OF INJURY (e.g., in e, form, foctory, street, off in Work at Work at Work at Work at Work).  We deceosed from	20A. AUTOPSY? (Yes or No or about 21C. WHERE DID injury OCCUR?  21F. HOW DID INJury OCCUR?  19 6 ond the ew the body ofter deoth.	20B. IF YES, WERI IN CERTIFYING C (If in Baltime	E FINDINGS CONSIDERED AUSES OF DEATH?  are City, give exact lacation)  19 (a.6)  pinion deoth occurred on the december of the
OTHER SIGN TO THE IDISEASE OR 19 A. DATE OF INJURY (APPROX.)  22. I certify the Ord hour or ond hour or contents.	LEADING TO DEATH not mean the mode of , ashlenia, etc. It means mplication which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne above cause (A) IG CONDITION lost.  HIFICANT CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING I FOPERATION 198. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)  y that (Vithis hospital ) lost sow the decease and from the couses state  URE	dying, e.g., the disease, deoth.)  ony, giving stating the CONTRIBUTING ATTED TO THIS.  CONTRIBUTION FOR VERY FORMED  (Haur)  218. White War War was a control of the contr	VHICH OPERATION  PLACE OF INJURY (e.g., in e, form, foctory, street, off in Work at Work at Work at Work at Work).  We deceosed from	20A. AUTOPSY? (Yes or No or about 21C. WHERE DID injury OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 ond the lew the body ofter deoth.	20B. IF YES, WERI IN CERTIFYING C (If in Baltime URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  are City, give exact lacation)  19 (a.e.)  pinion deoth occurred on the december of the
(This does heart failure injury or co DISEA SES rise to the UNDERLYIN TO THE IDISEA SE OR 19 A. DATE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify the (II) we ond hour or 23A. MGNAT	LEADING TO DEATH not mean the mode of , ashlenia, etc. It means mplication which coused  ANTECEDENT CAUSES  OR CONDITIONS, if ne above cause (A) IG CONDITION lost.  HIFICANT CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING I FOPERATION 198. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)  y that (Vithis hospital ) lost sow the decease and from the couses state  URE	dying, e.g., the disease, deoth.)  ony, giving stating the CONTRIBUTING ATTED TO THIS.  CONTRIBUTION FOR VERY FORMED  (Haur)  218. White War War was a control of the contr	VHICH OPERATION  PLACE OF INJURY (e.g., in e, form, foctory, street, off in Work at Work at Work at Work at Work).  We deceosed from	20A. AUTOPSY? (Yes or No or about 21C. WHERE DID injury OCCUR?  21F. HOW DID INJury OCCUR?  19 6 ond the ew the body ofter deoth.	20B. IF YES, WERI IN CERTIFYING C (If in Baltime URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  are City, give exact lacation)  19 (a.e.)  pinion deoth occurred on the december of the
OTHER SIGN TO THE DISEASE OR TO THE DISEASE OF INJURY (APPROX.)  22. I certify the OII) we ond hour or 23A, SIGN AT 23C. PHYSICI. NAME (APPROX.)	LEADING TO DEATH not meon the mode of, asthenio, etc., It meons implication which coused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) IG CONDITION Iost.  INTERCANT CONDITIONS CONDITION CAUSING I CONDITION CAUSING I FOPERATION TO PERATION TO PERATIO	dying, e.g., the disease, deoth.)  ony, giving stating the CONTRIBUTING ATED TO THIT.  DITION FOR VERY CONTRIBUTION FOR WED  (Haur) 21E. Whit War and olive on the disease of the disease	PLACE OF INJURY (e.g., inform, foctory, street, off Not Work Not Work)  We) (did) (did not) vi	20 A. AUTOPSY? (Yes or No or about 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  Adding Med. Director 30. ADDRESS	O MA  20B. IF YES, WERI IN CERTIFYING C  (If in Baltime  URY OCCUR?  19 to ot i (my) (our) of	E FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact lacation)  9 - 20 19 60.  Printon death occurred on the displacement of the the disp
OTHER SIGN TO THE DISEASE OR T	LEADING TO DEATH not meon the mode of, ashenio, etc. It meons implication which coused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) IG CONDITION Iost.  INTERCANT CONDITIONS CONDITION CAUSING INTERCANT CONDITION CAUSING INTERCANT CONDITION CAUSING INTERCANT CONDITION CAUSE OF y medical examiner)  (Month) (Day) (Year)  Type)  Y that (This hospital of the couses stated from the couses stated the couse stated	dying, e.g., the disease, deoth.)  ony, giving stating the CONTRIBUTING ATED TO THIT.  DITION FOR VERY CONTRIBUTION FOR WED  (Haur) 21E. Whit War and olive on the disease of the disease	VHICH OPERATION  PLACE OF INJURY (e.g., in e, form, foctory, street, off in Wark and wark and deceased from the deceased	20 A. AUTOPSY? (Yes or No or about 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  Adding Med. Director 30. ADDRESS	20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  are City, give exact lacation)  9 - 20 19 60  pinion deoth occurred on the december of

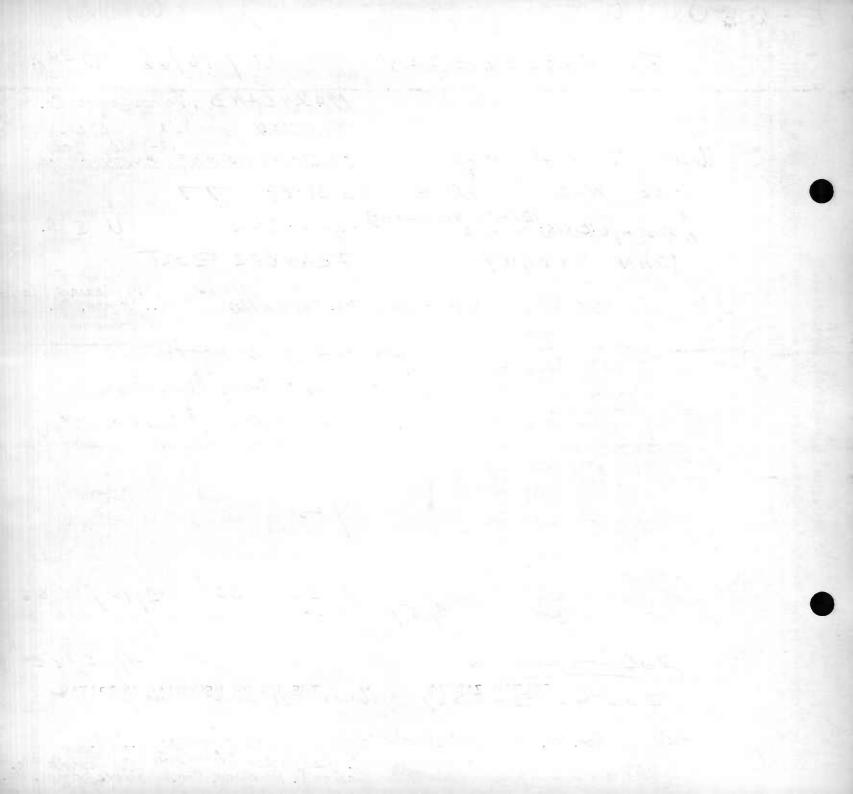
HD. Beczinees Collections asserted to 46V EE 1X30 THE DISTRICT OF THE STATE OF TH HETTERTIE CA. Carried St. St. Carried

	BALTIMORE (	CITY HEALTH DEPARTMENT	ered No. 66 U9588					
BIRTH NO. 66 09	588 CERTIFIC	CATE OF DEATH Regist	ered No. 00 03388					
M.E. CASE NO.		2. DATE AND HOUR, O	F DEATH					
Type or Print) LEVINE,	HARRY	9/2//	66 11053 A					
B. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where decedsed A. STATE B. COUNTY	lived. If institution: residence before admissi					
FULL NAME OF (If net in hospital	or institution, give street	MARYLAND, &	BALTIMORE					
HOSPITAL OR oddress or location		C. CITY OR TOWN (If outside city lin	3 ALTIMORE nits, write RURAL end give tewnship)					
	TAI OF	SALTIMORE	27					
SINAL HOSPI	TAL OF	D. STREET ADDRESS (If rurol, give lo						
	IMORE	3618 FORDS						
MALE 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		Months Doys Hours Min					
	NEVER MARRIED	ANAMA MAMA						
OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
SALESMAN	BEDS	MALDEN MASS	USA					
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
ISRAEL LEVINE		ANNIE ARONOVITCH						
5. Was Deceesed Ever in U. S. Armed Fer		17. INFORMANT	ADDRESS					
es, ne er unknewn) (If yes, give wer er dote		A THE ASSESSMENT AND A SECOND ASSESSMENT ASS	MAS					
NO	UNKNOWN	LEVINE CHAPEL, 470 H	IARVARD STREET, BROOKLI					
1100		e of brain	ONSET AND DEATH					
DISÉASE OR CONDITION DE	RECTLY	302106 180-6-	MI					
(This does not mean the mode of	dving ag	ARDIAC ARREST -						
hearl foilure, osthenio, etc. It meons	The disease,							
	injury or complication which caused death.)							
ANTECEDENT CAUSES	DUE TO		, , , , , , , , , , , , , , , , , , ,					
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C) RHD - ASHD 50 VUS							
UNDERLYING CONDITION Iosi.	(6)							
- 11								
OTHER SIGNIFICANT CONDITIONS C								
DISEASE OR CONDITION CAUSING	т.							
19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes er Ne) 20 B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF	home, form, foctory, stree	.g., in er ebeut 21C. WHERE DID (!! t, office bldg., INJURY OCCUR?	in Boltimore City, give exect locetien)					
DEATH (notify medical examiner)	etc.)							
21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?					
(APPROX.)	While At Work At W	While						
22 1		9/21 1966	0 9/21 1966					
22. I certify that (1) (this hospital	~ 121							
that (I) (we) lost saw the decease	ed olive on 9/2/	19 O ond that in(my)	(our) opinion deoth occurred on the					
and hour and from the couses sta	red obove. (1) (We) (did) said no	ot) view the body ofter deoth.						
23A SIGNATURE		P	23B. DATE SIGNED					
I Muselly moth	M.D.	Attending Med. Stoff Phys. Director Phys.	9/2/1/60					
23C. PHYSICIAN'S		23D. ADDRESS	110.1100					
NAME (Type)	SPOTT	A.D. Sima donital	9					
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or	CREMATORY 24D/LOCATION	(City, town, or county) (State					
REMOVAL (Specify)	242. HANGE OF GENTLIERT OF	240 LOCATION	(Sint					
BURIAL 9/ 166	SHARON MEMORI	AL PARK	SHARON, MASS.					
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR		ADDRESS					
SEP 22 1966	M. Oso. Fr E. Fallow A.	SOLIEVINSON & BROS.	INC., 600 RESTERSTOWN					
S 150-REV. 1/1/65		7,700	VVN KOSIEKSIOWA					



BIRTH NO.	09589		TE OF DEATH	V	. 66 09589		
M.E. CASE NO.	La de la companya de	CERTIFICA	TE OF DEAT	E AND HOUR OF DEAT			
I. NAME OF DECEASED Type or Print)  PLACE OF DEATH IN BAI	LICIT LO. L	LLIAN	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissic A, STATE B, COUNTY				
	not in hospital or institution liess or location)	, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE  D. STREET ADDRESS (If rural, give location)				
thion n			908-m.	ACE AKE			
5. SEX 6. RACE 10A. USUAL OCCUPATION (Gdone during most of working life,	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)  RRIGHT D	B. DATE OF BIRTH	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done during most of working life,  LNSPECTO  13. FATHER'S NAME	even if setired) Could	UIOR BOTKD	MARY LACE (SIGNE OF	1+16 D	WHAT COUNTRY?		
BUTTUIN  15. Was Deceased Ever in U.		1) 6 social			ADDRESS		
(Yes, no or unknown) (If yes, gi	ive wor or dotes of service)	215-14-40621	17. INFORMANT Marg. Bul	Tox Sames	as above)		
(This does not mean	IONDITION DIRECTLY TO DEATH The mode of dying, e.g etc, it means the diseas	(A) CO	- pulmue	le chum	INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR COND	ENT CAUSES DITIONS, if ony, givin couse (A) stating th TION lost.	g e (C)	plyma		ylan		
TO THE DEATH BU DISEASE OF CONDITION 19A. DATE OF OPERATIO	ONDITIONS CONTRIBUTION NOT RELATED TO	WHICH OPERATION	20A. AUTOPSY? (Yes	or Not 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
21A. ACCIDENT WAS U OR CONTRIBUTING C DEATH (notify medical ex	JNDERLYING 22	B. PLACE OF INJURY (e.g., ome, form, foctory, street, c.)	100		more City, give exoct locotion)		
21D. TIME (Month) OF INJURY (APPROX.)		Vhite At Not White At Work	е	INJURY OCCUR?			
that (I) (we) lost sow	the deceased alive on	5/3/166	or	d that in (my) (our) o	ppinion death occurred on the dat		
23A. SIGNATURE	DNEY E. KIR	(I) (We) (did) (did not)  M.D. Att Phy  KLEY	ending Med. S. Director	Stoff Phys. D	238, DATE SIGNED  2 SAPE GOOD OR IAL HOSPITAL		
51DMEY	E. KIRKO 24B. DATE 24C. 9/26/66	M.D.	EMATORY 20	D. LOCATION	(City, town, or county) (State)		
25A. DATE REC'D BY HEALT	TH DEPT.   258. NAME	OF REGISTRAR	25C. FUNERAL DIRE	CTOR	MD ADDRESS SORS 300 MA		





K4	21
11 -	-

BIRTH NO. MEDI	CALEX	AMINER 2 CI	EKTIFICAT	E Or L	JEA I T Register	ed No		
M.E. CASE NO.								
1. NAME OF DECEASED (Type or Print)  LOUIS	3	KOLKER	HE YEAR		ember 14, 1		4:45	A. M.
3. PLACE IN BALTIMORE, MARYLAND, W			A. STATE Man	ryland	deceased lived. If instit B. COU	ntion: resider	nce before	odmission)
HOSPITAL OR ADDRESS OR LOCA NSTITUTION	TION)		Ва	ltimore		KUKAL ond	give towns	(hip)
Union Memorial		(DOA)			give locotion) ingdon Avenu	1e		
Male 6. RACE White	Marri		B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Months D	Yr. If Undo	ler 24 Hrs. s Min.
toA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (S	tote or foreign	n country)		COUNTRY?	
Grocer 3. FATHER'S NAME	Prop	rietor	14. MOTHER'S MA	JOEN NAME		us	SA	
Samuel Kolker			Fann	ie	?			
5. WAS DECEASED EVER IN U.S. ARMED Yes, na orunknown) (If yes, give war or dote		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	TAX TO	
No		Unknown	Mrs. Bel	le Kolk	er, 2745 Hu	ntingdo	on Ave	nue
DISEASE OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING WAS PERI	NY, GIVING THE CONTRIBUTING TO THE CONTRIBUTION ATED TO THE CONTRIBUTION FOR W				20B. IF YES, WERE FIN IN CERTIFYING CAUS			
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B, I home, etc.)	PLACE OF INJURY (e.g., i form, factory, street, o	Yes in or obout 21C. W ffice bldg., INJURY	HERE DID (	Yes If in Boltimore City, giv	e exoct loca	tion)	
21D TIME (Month) (Doy) (Yeor (APPROX.)	W	HILE AT NOT WAT W		ULNI DID W	RY OCCUR?			
ACTUAL SIGNATURE EXAMINER'S Charles	S. Spi	coldent Sulcide	Hamleid	EDICAL EX			DATE SI	
NAME (Type)  23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)		C. NAME of CEMETERY o	CREMATORY	23 D. LC	OCATION (City,	town, or cou	nty)	(Stote)
Burial 9/18,		Hebrew Young OF REGISTRAR	24C. FUNERA	L DIRECTOR	eltimore, Ma	AD	DRESS	
	المال	us es all ofthe	Sol Le	vinson	& Bros. Inc	. 6010	Reist	erst
VS 151-REV. 1/1/65			[ ] [ ] [ ] [ ] [ ]	1				

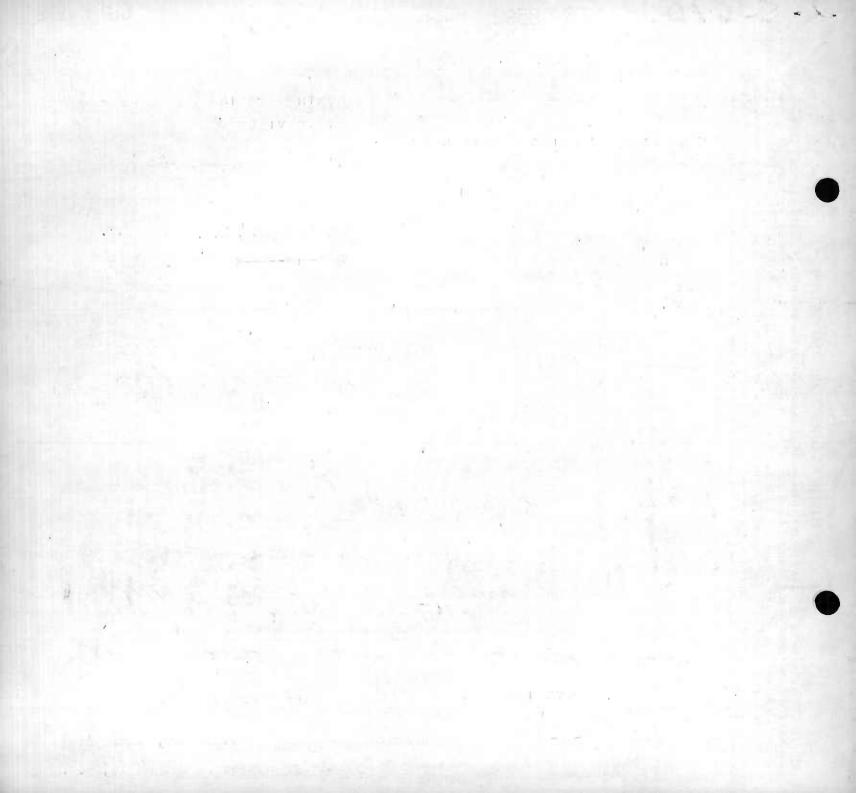
more and automorphism and a resolution of the second PERSONAL SERVICE STREET

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



O

IMPORTANT

DIRECTOR:

FUNERAL

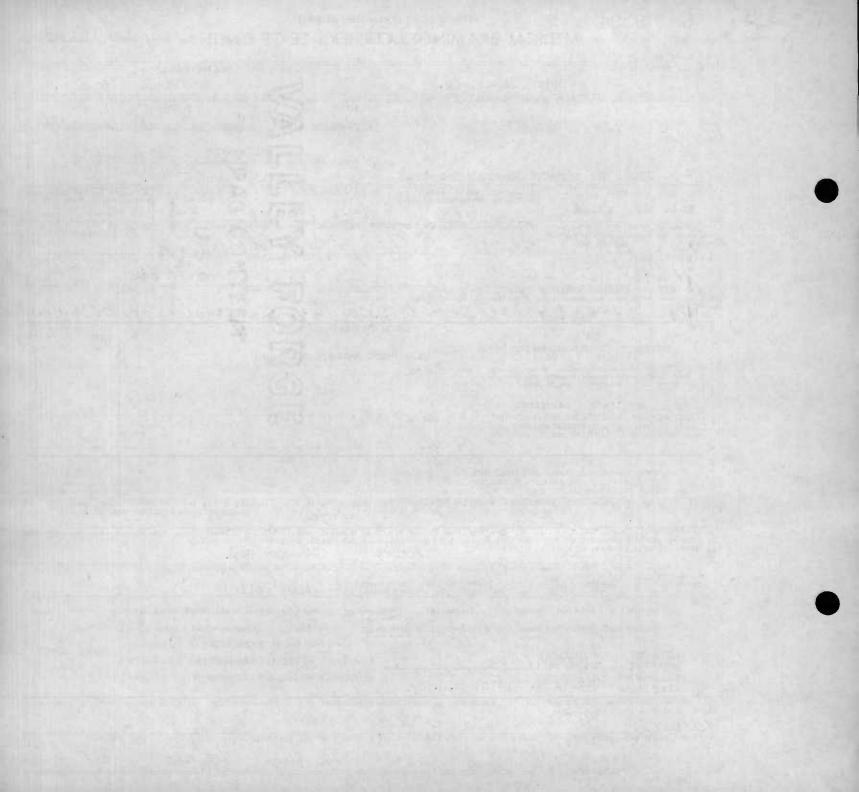
VS 150-REV, 1/1/65

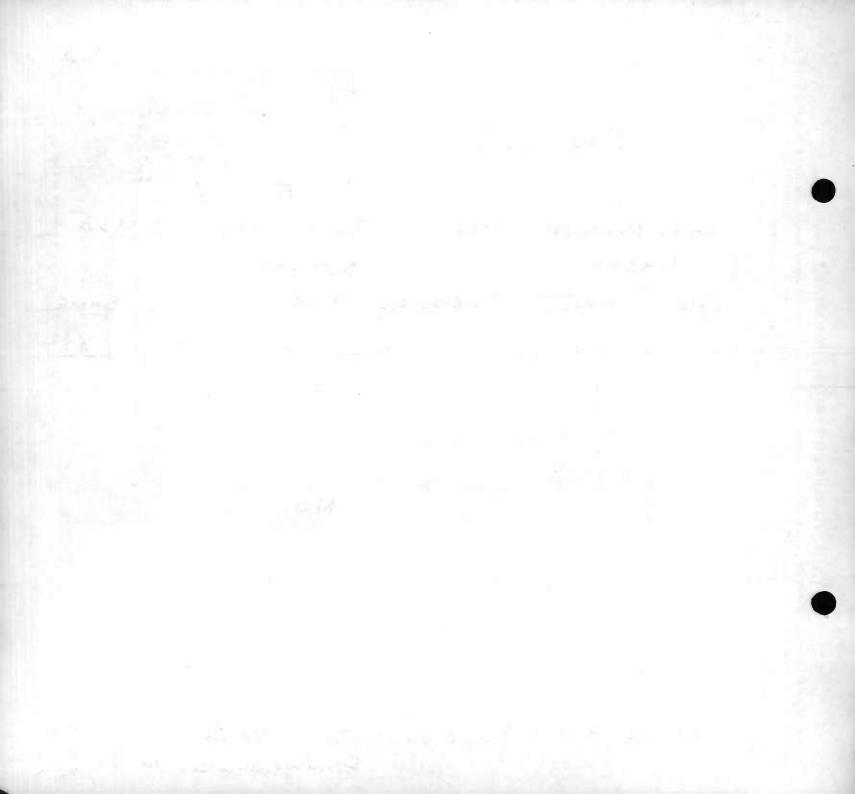
BALTIMORE CITY HEALTH DEPARTMENT

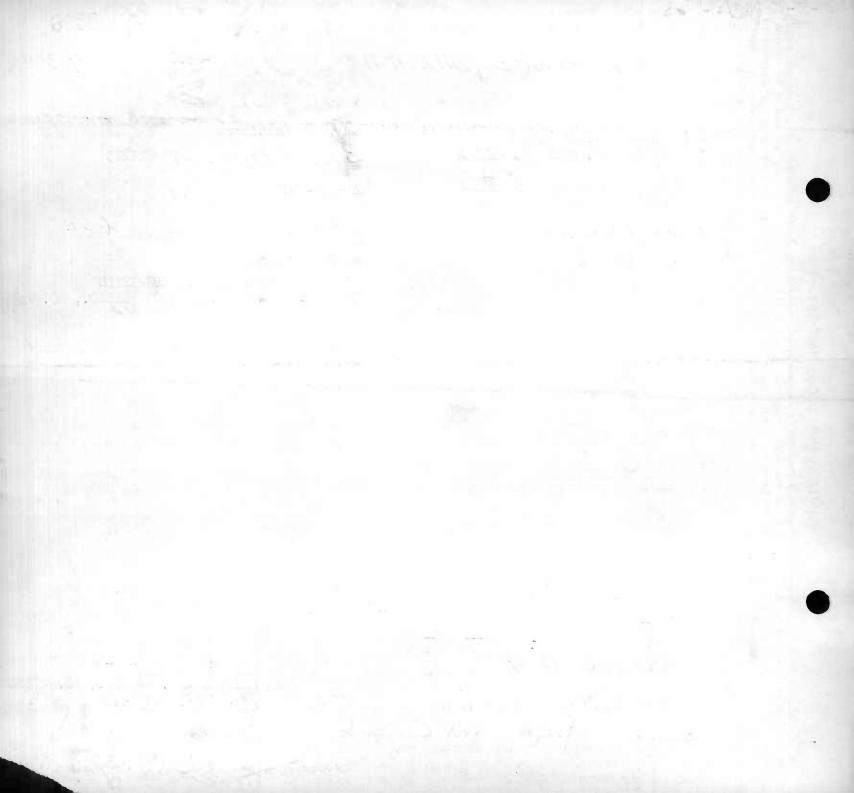


## 3-525 86 09594 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N&6 09594

M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
John James, Jr.	9/18/66 <b>6:</b> 20 p. <sub>M.</sub>
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give www.ship)
	Baltimore  D. STREET ADDRESS (If rural, give locotion)
South Baltimore General Hospital	3413 O'Donnell St.
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	
male white WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.  11-26-1943 22
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	
dane during mast of warking life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
92 /2	He + so Addish Dita
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, na arunknawn) (If yes, give war ar dates of service) SECURITY NO.	
40 7-25-63 to 12-18-63 216-42-8352	Mes. Palucia James 34130 Danuel.
CAUSE CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Cup ch	ot wound of head
LEADING TO DEATH  (This does not mean the mode of dying, e.g., DUE TO	oc would of head
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
9	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., home, form, factory, street,	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	7/7/
Z 21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) 9 18 66 ? m. WHILE AT X NOT WORK	while shot self
22.	ORK SELL
I certify that I held an Inquiry Inspection Au	tapsy and that an this basis, death in my apinian
resulted fram: Natural causes Accident Suicid	e x Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE / MISME L. Z. M.D.	ASSISTANT MEDICAL EXAMINER &
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 9/19/66
23A, BURIAL CREMATION, 238, DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, tawn, or county) (State)
Burial 9-22-64 Balto Nac	t. Cemel Md.
24A, DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS Judge
SEP 22 1968 ( 0 6 2 3 2 3 2 1968	The Small. Hoffmann 3218 ft
VS 151-REV. 1/1/65	







IMPORTANT

FUNERAL DIRECTOR:

Liverain Chronic least Failure and me Low Geordagnoonman & Excluse on Sur

Church HOME A HELP

PEDELIE ALLINO

66	09598	
00	00000	

BALTIMORE CITY HEALTH DEPARTMENT

66 49592

3:55 A.1
3:55 A.A
pelore odmission
(ship)
If Under 24 Hr
lours Min.
TRY?
\$
L BETWEEN
ND DEATH
DAT
N
ERED
ication)
10 66
1966
red on the do
66
(State)
d
RESS

SEP VS 150-REV. 1/1/65

25B. NAME OF REGISTRAR 22 1966

John A. Moran Inc. 3000 E. Baltimore St.

L II , M. Hitter of the THE BOYL MALL TOP 2 I L. Server properties . Mark to the company of the second Mills aleget march of the 20 March 1970 t . could be applied a market of relytes , total lan

THE RESERVE OF THE RE

BALTIMORE CITY HEALTH DEPARTMENT

66 09599

IMPORTANI

DIRECTOR:

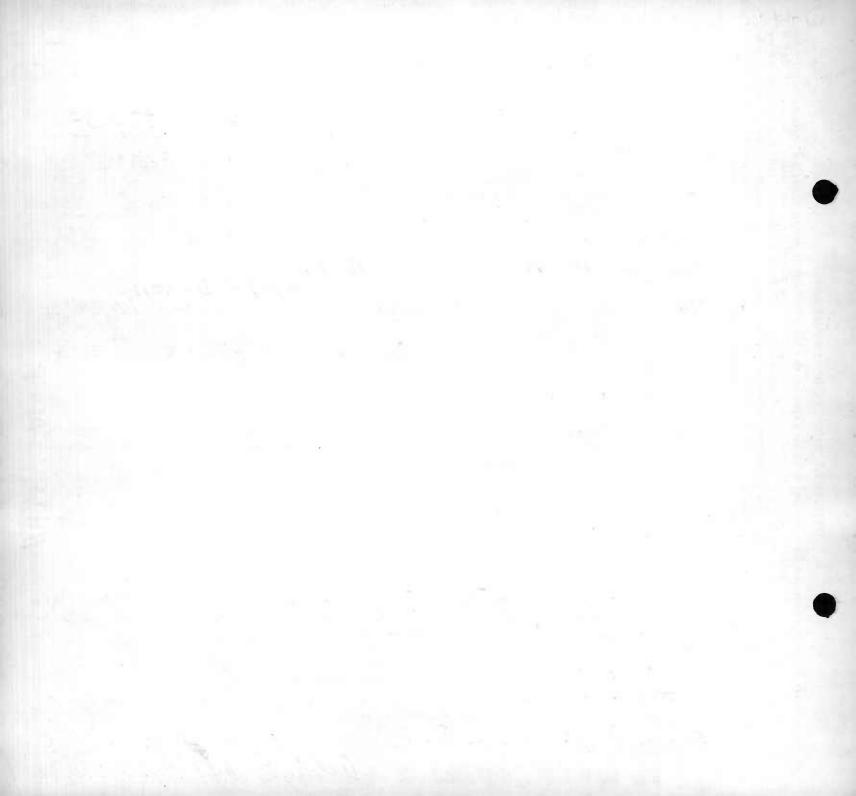
FUNERAL

Envelop namepularensey Throobsoil on the key our

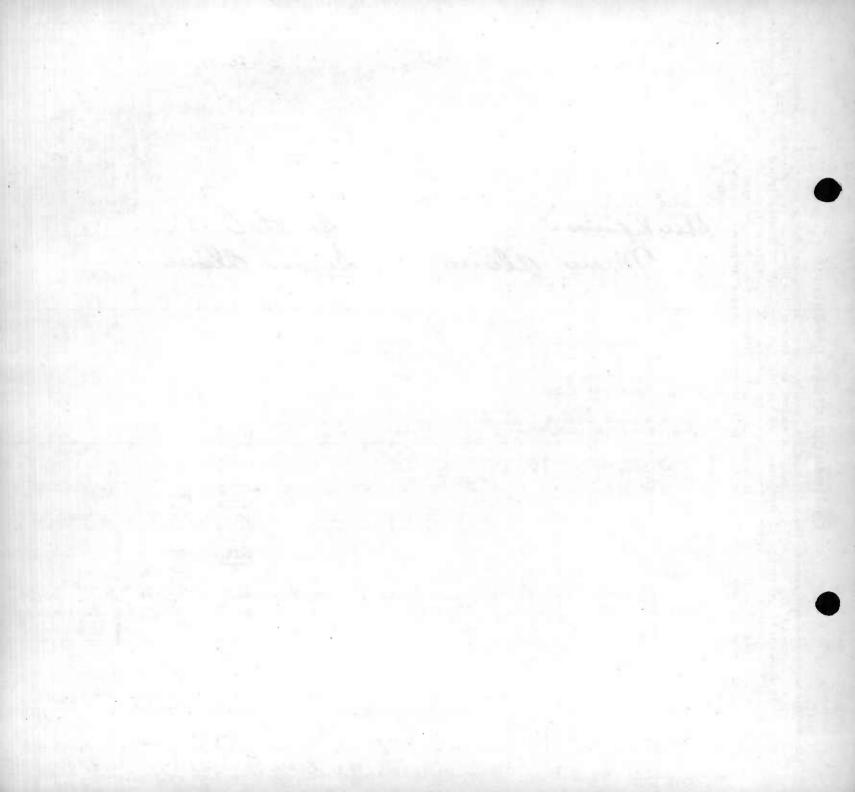
IMPORTANI

DIRECTOR:

FUNERAL



	Sa Sana	BALTIMORE CITY	HEALTH DEPARTMENT		00 00001
BIRTH NO.	66 09601	CERTIFICA	TE OF DEATH	Registered No	66 09601
NAME OF D	DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print)	110 Alwar	AlberTus	1.20	nmai	10/11
PLACE OF 1	DEATH IN BALTIMORE, MARYLAND	11000145	THE HELLAL BESTDENICE (Wheel	u-111, 1/1	tution: residence before admiss
. FEACE OF	DEATH IN BALLWORL MARILAND		A. TATE B. COUN	TY	number: residence belore damis:
FULL NAMI	E OF (If not in hospital ar institut	ion ava street	Marsha	2	
HOSPITAL C	OR address or lacation)	ion, give sireer	COCITY OF TOWN III OUT	side city limits, write RL	RAL and give tawnship)
INSTITUTION			10 11		26-23
6			Ba Him		100
1	heran Hosp.	12 12 11	D. STREET ADDRESS (If	urol, give location)	
47/	eran Tiosp.	11 Barino	Pe (1133 /	west 1	DR. AUC.
. SEX	6. RACE V. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24
11.1	WIDO	OWED, DIVORCED (specify)	5 la 1	ost birthday	Manths Days Hours Mi
Maje	2 6.	Mirred	0/19/15	51	
	CCUPATION (Give kind of work 10B, KIN) of working life, even if retired)	D'OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	an country)	12. CITIZEN OF WHAT COUNTRY?
dilego ding masi	11 1 0		10.11	10	
what	Refairman		Nouen	Carallia	
3. FATHER'S N	AME	1	14. MOTHER'S MAIDEN NAM	01-	
	Manen ML	111001	11.000	NYILLAN	
5. Was Dagge	sed Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	Contract of the second	ADDRESS
	own) (If yes, give wor or doles of serv		THE PROPERTY OF THE PARTY OF TH		- Daller
			Daushlan		
18.	217	CAUSE O	F DEATH	)	INTERVAL BETWEEN
100	2./.				ONSET AND DEATH
DISI	EASE OR CONDITION DIRECTLY		2.111		
	LEADING TO DEATH	(A)C	· UT		
	s not mean the mode of dying, ire, asthenio, etc. It meons the dise				
	complication which caused deoth.)				
	ANTECEDENT CAUSES	(B)			
		DUE TO			
	OR CONDITIONS, if ony, gi				
	The above cause (A) stating ING CONDITION last.	The (C)		000000000000000000000000000000000000000	<u> </u>
Z OTHER SI	II	TIME			
OTHER SIG	GNIFICANT CONDITIONS CONTRIBL DEATH BUT NOT RELATED TO				
DISEASE (	OR CONDITION CAUSING IT.				
19A. DATE 21A. ACCI	OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED
	WAS FERIORIVED			The Carlotte Carlotte	
	DENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact lacotion)
OR CONTE	RIBUTING CAUSE OF	hame, form, factory, street, a	ffice bldg., INJURY OCCUR?		
	an, medical examiner				
OF INJURY		21E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX.)		While At Nat While			
		Wark At Wark			p/
22. 1 cert	ify that (1) (this hospital) attend	ed the deceased from 10	:45 A.M 9/181	966 10/:30	a.m. 1/19 1968
	we) lost sow the deceased olive				
				i intimy/ (dur) upini	on death accorded on the
ond hour		(e. (1) (We) (did) (did not) ,	view the body after death.	16	
	and from the couses stated above	01 (1) (1.0) (414) (414 1101)			
23A. SIGNA		(1) (10) (414) (414 1101)		./	23 B. DATE SIGNED
23A. SIGNA		) M.D. Att	ending Med.	Staff	23 B. DATE SIGNED
	W, KIM	M.D. Atte	s. Director	1/	23 B. DATE SIGNED
23 C. PHYSI	CIAN'S	M.D. Atte	ending Med. s. Director 23D. ADDRESS	Staff	23 & DATE SIGNED
23 C. PHYSI	W, KIM	M.D. Atte	s. Director	Staff	Ra Hornor
23 C. PHYSI NAMI	CIANS E (Type)	M.D. Att. Phy	23D. ADDRESS	Hosp of	Baktmore
23 C. PHYSI NAMI	CIANS E (Type)	M.D. Att. Phy	s. Director	Hosp of	Baktimore, town, or county
23C. PHYSI NAMI	CIAN'S E (Type)  CREMATION, 124B. DATE  CL (Specify)  CL (Specify)	M.D. Att. Phy	23D. ADDRESS	Hosp of	Baktomre
23C. PHYSI NAMI PAA. BURIAL C REMOVA	CIAN'S E (Type)  CREMATION, 24B. DATE  LL (Specify)  LA (1)  LA (1)  LA (2)  LA (2)  LA (3)  LA (3)  LA (4)  L	M.D. Att. Phy M.D. Chame of CEMETERY or CR	23D. ADDRESS  Lythesan EMATORY 24D. U	Hosp of	Bakmmre Bown, or county) My
23C. PHYSI NAMI	CIAN'S E (Type)  CREMATION, 24B. DATE  LL (Specify)  LA (1)  LA (1)  LA (2)  LA (2)  LA (3)  LA (3)  LA (4)  L	M.D. Att. Phy M.D. Chame of CEMETERY or CR	23D. ADDRESS	Hosp of	Baktomore
23C. PHYSI NAMI PAA. BURIAL C REMOVA	CIAN'S E (Type)  CREMATION, 24B. DATE  LL (Specify)  LA (1)  LA (1)  LA (2)  LA (2)  LA (3)  LA (3)  LA (4)  L	M.D. Att. Phy M.D. Chame of CEMETERY or CR	23D. ADDRESS  Lythesan EMATORY 24D. U	Hosp of	Bakmore Bak Bak Bak Bak Bak Bak Bak Bak Bak Bak
23 C. PHYSI NAMI 4A. BURIAL C REMOVA	CIAN'S E (Type)  CREMATION, 24B. DATE  LL (Specify)  LA (1)  LA (1)  LA (2)  LA (2)  LA (3)  LA (3)  LA (4)  L	M.D. Att. Phy M.D. Chame of CEMETERY or CR	23D. ADDRESS  Lythesan EMATORY 24D. U	Hosp of	Bakmore Bakmore Bakmore Bakmore



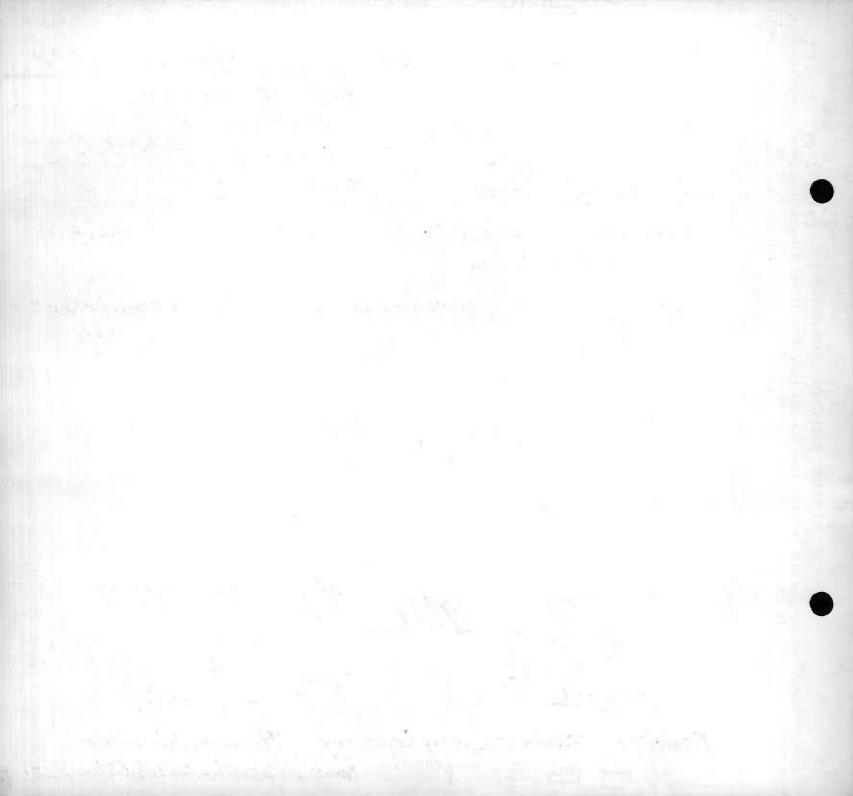
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



M.E. CASE NO.  1. NAME OF DECEASED	2, DATE AND HOUR PRONOUNCED DEAD
(Type or Print) HORACE / COX	September 18, 1966   12:10 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give locofon)  1618 N. Milton Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.   Months   Doys   Hours   Min.
Male Negro Married	3-12-27 39
10A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laterer CONSTRUCTION	Ayden, N.C. 76.5A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL	MATTIC NEW GOYNE ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Emma Lee Cox 1609 Rices Ave
yes W.W.II	FOR DEATH INTERVAL BETWEEN
18. Z 9 8 / X CAUS	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Guns	hot Wound of Chest.
heart failure, asthenia, etc. It means the disease,	noe wound of onese.
injury or complication which caused death.)	
ANTECENDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
ZO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	200 AUTORY2 (Voc. o. No.) 200 IE VEC. WERE SINDINGS CONSIDERED
DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes, in or obout olfice bldg., INJURY OCCUR?
DISEASE OR CONDITION TO CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION (e.g., home, form, foctory, sheet, etc.)  21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)  Street  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	Yes IN CERTIFYING CAUSES OF DEATH? Yes  in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?  Front of 1626 Washington Street
DISEASE OR CONDITION TO CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)  Street  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  OF INJURY	Yes IN CERTIFYING CAUSES OF DEATH? Yes  in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) office bidg., Front of 1626 Washington Street  21F. HOW DID INJURY OCCUR?
DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING WOR CONTRIBUTION OF INJURY (e.g. home, form, foctory, street, etc.)  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  Street  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  9 17 66 A WHILE AT NOT WORK AT	Yes IN CERTIFYING CAUSES OF DEATH? Yes  in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  olfice bldg, INJURY OCCUR?  Front of 1626 Washington Street  21F. How DID INJURY OCCUR?  WHILE X Shot during altercation.
DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS PERFORMED  21A. EXTERNAL CAUSE WAS PERFORMED  21A. EXTERNAL CAUSE WAS PERFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Street  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  9 17 66 A WORK NOT AT WORK  22. I certify that I held an Inquiry Inspection A	Yes    In certifying causes of death? Yes
DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIBUTION CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Street  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  9 17 66 A WHILE AT NOT NOT WORK  22. I certify that I held an Inquiry Inspection A	Yes  IN CERTIFYING CAUSES OF DEATH?  Yes  in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  office bldg, INJURY OCCUR?  Front of 1626 Washington Street  21F. How DID INJURY OCCUR?  WHILE X Shot during altercation.  utopsy X and that on this basis, death in my opinion  de Hamicide X Undetermined manner
DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS DUING CONTRIBUTION OF COLORY, Street, etc.)  21A. EXTERNAL CAUSE WAS DUING CONTRIBUTION OF COLORY, Street, home, form, foctory, street, etc.)  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Street  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  9 17 66 A WHILE AT NOT AT WORK  22. I certify that I held an Inquiry Inspection Accident Suici	Yes  IN CERTIFYING CAUSES OF DEATH?  Yes  in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  Front of 1626 Washington Street  21F. HOW DID INJURY OCCUR?  WHILE X Shot during altercation.  utopsy X and that on this basis, death in my opinion  de Hamicide X Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED
DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS PERFORMED  10 UNDERLYING MOR CONTRIBUTION (e.g., home, form, foctory, street, etc.)  Street  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  9 17 '66 A WHILE AT NOT NOT WORK  22. I certify that I held an Inquiry Inspection AT TO Suici	Yes  IN CERTIFYING CAUSES OF DEATH?  Yes  In or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion)  INJURY OCCUR?  Front of 1626 Washington Street  21F. HOW DID INJURY OCCUR?  WHILE X Shot during altercation.  utopsy X and that on this basis, death in my opinion  de Hamicide X Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  D. ASSISTANT MEDICAL EXAMINER 39/18/66
DISEASE OR CONDITION 198. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)  Street  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  9 17 66 A WHILE AT NOT WORK  22. I certify that I held an Inquiry Inspection AT Suicident Signature  ACTUAL  SIGNATURE  EXAMINER'S Charles C. Dother M. D.	Yes    In certifying causes of death? Yes
DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING MORE CONTRIBUTION OF PROPERTY (e.g., borne, form, foctory, sheet, etc.)  21B. PLACE OF INJURY (e.g., borne, form, foctory, sheet, etc.)  Street  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  9 17 66 A WHILE AT NOT AT WORK  22. I certify that I held an Inquiry Inspection AT Suici	Yes  IN CERTIFYING CAUSES OF DEATH?  Yes  In or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion)  Front of 1626 Washington Street  21F. HOW DID INJURY OCCUR?  Shot during altercation.  Utopsy X and that on this basis, death in my opinion  de Hamicide X Undetermined manner  CHIEF MEDICAL EXAMINER  D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  9/18/66
DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING MORE CONTRIBUTION OF COUNTRIBUTION	Yes  IN CERTIFYING CAUSES OF DEATH? Yes  In or obout 21C. WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?  Front of 1626 Washington Street  21F. HOW DID INJURY OCCUR?  WHILE X Shot during altercation.  utopsy X and that on this basis, death in my opinion  de Hamicide X Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER 9/18/66  or CREMATORY  23 D. LOCATION (City, town, or county) (Stote)
DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS PERFORMED  WAS PERFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Street  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  9 17 66 A WHILE AT NOT WORK  22. I certify that I held an Inquiry Inspection AT	Yes  IN CERTIFYING CAUSES OF DEATH? Yes  In or obout 21C. WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?  Front of 1626 Washington Street  21F. HOW DID INJURY OCCUR?  WHILE X Shot during altercation.  utopsy X and that on this basis, death in my opinion  de Hamicide X Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER 9/18/66  or CREMATORY  23 D. LOCATION (City, town, or county) (Stote)
DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING MORE CONTRIBUTION OF COLORY, street, etc.)  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Street  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  9 17 66 A WHILE AT NOT AT WORK  22. I certify that I held an Inquiry Inspection AT NOT AT WORK  22. I certify that I held an Inquiry Inspection AT NOT AT WORK  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Charles S. Petty, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)  32A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Yes  IN CERTIFYING CAUSES OF DEATH? Yes  In or obout 21C. WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?  Front of 1626 Washington Street  21F. HOW DID INJURY OCCUR?  WHILE X Shot during altercation.  utopsy X and that on this basis, death in my opinion  de Hamicide X Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER 9/18/66  or CREMATORY  23 D. LOCATION (City, town, or county) (Stote)
DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING MORE CONTRIBUTION OF COLORY, street, etc.)  21A. EXTERNAL CAUSE WAS DEPARTMENT OF COLORY, street, home, form, foctory, street, etc.)  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Street  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  9 17 66 A WHILE AT NOT WORK AT A	Yes  IN CERTIFYING CAUSES OF DEATH? Yes  In or about 21C. WHERE DID (If in Boltimare City, give exact location)  Front of 1626 Washington Street  21F, HOW DID INJURY OCCUR?  WHILE S Shot during altercation.  Utopsy S and that on this basis, death in my opinion  Hamicide S Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  D. ASSISTANT MEDICAL EXAMINER P/18/66  or CREMATORY  23 D. LOCATION (City, town, or county)  (Stote)

And the state of t And I have been a superior to the superior to Tailly Seal Mark Charles So

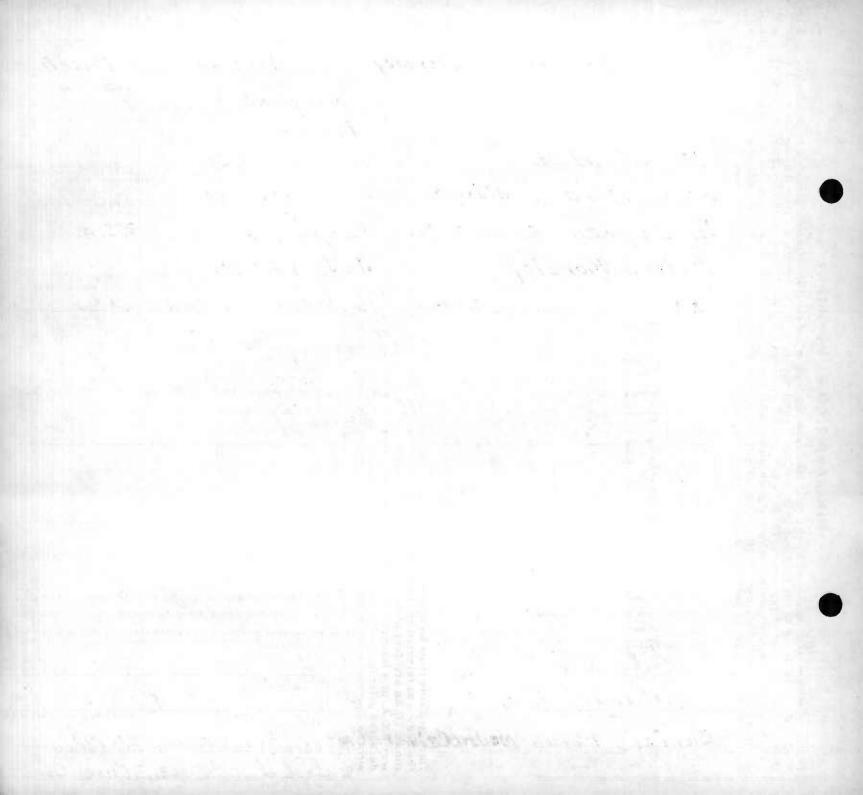
66 09605

BIRTH NO.

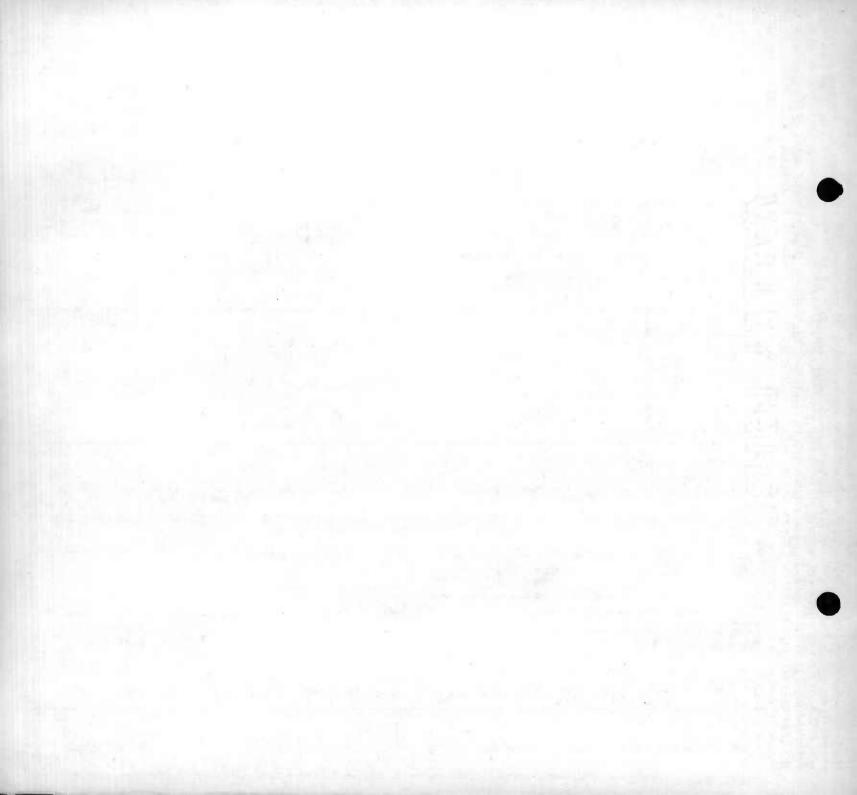
VS 150-REV. 1/1/65

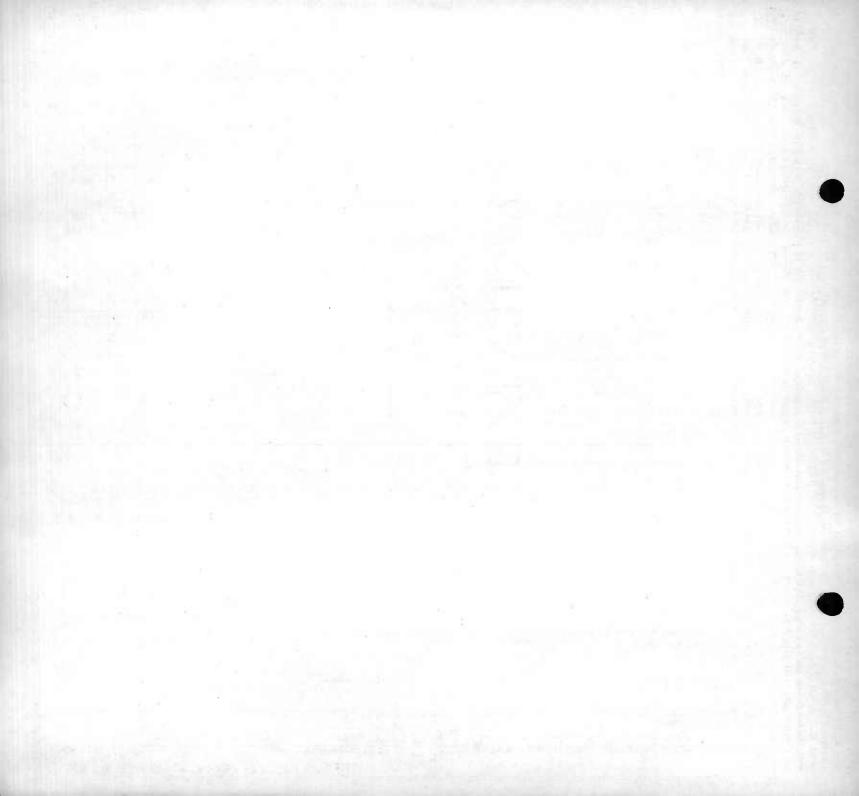
IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH (If outside city limits, write RURAL and live If Under 1 Yr. If Under 24 Hrs. Hours Min. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 238, DATE SIGNED



V\$ 150-REV. 1/1/65





Kalph Morme 15-1 21 Sept 1966 July Dely mel Wigeth of D milled Monte #14 Berch \$/05/93 93 Variety (a) My Durany Catach Morrell Museylonel غداام الم Corder Horast 3. Blycythern Probable Gan My Sepsis - Story 14-36 12 23 728 6 these D Many

DIRECTOR:

FUNERAL

The contract of the contract o The face of the control of the contr

. The second of the second of

diffice that the property of the state of

DIRECTOR:

FUNERAL

nec ample a reflyen The second secon with the offer an inc. I branch

6 23 66

93-5-19

F2-51-9

Ela si-li-la

Returning

Hip Fractum

564

629 Bunkadon aks

14.5

- 9-19-4c

PRINT IN VEST

Larger Mamorial Hospital

Male White Widewald

Michael Vi Venti

September and Mar

Mary In wed

SALTIMOTE.

3908 Corse Avenues almos

11/19/86 79/25

Ttoly

Theresa Sodare

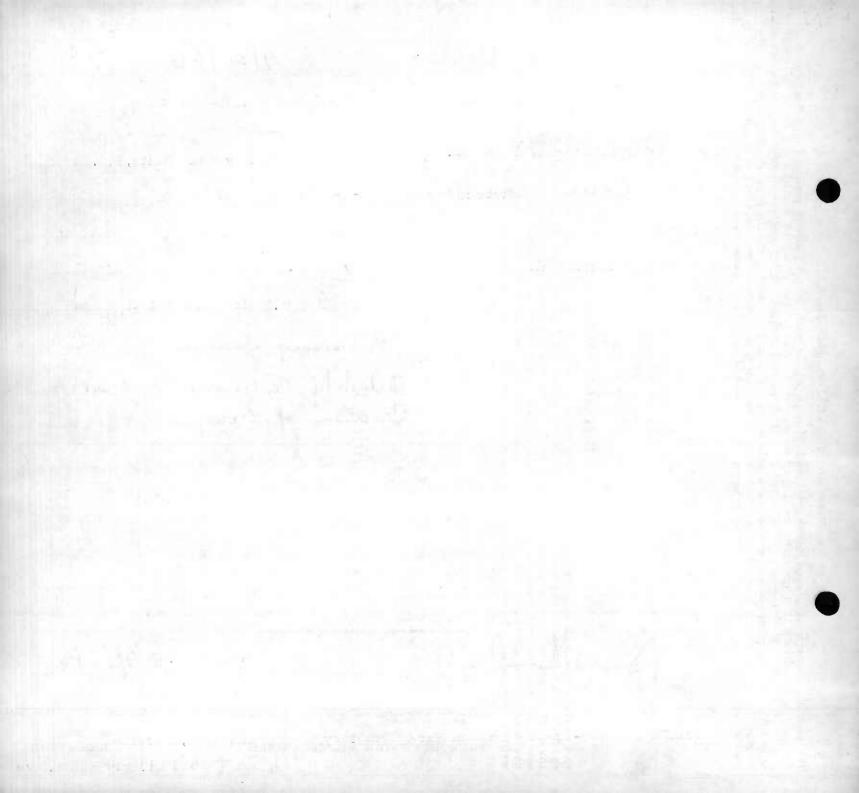
2 'C 4 . . . CA CHT

THISE IN FEBRUARY

THE DESIGNATION OF THE PARTY OF

VS 150-REV. 1/1/65

66 U9613	IIT HEALTH DEPAKTMENT	66 09613
CERTIFIC	ATE OF DEATH Registered Na.	00 00010
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	15
(Type or Print) Ethel Walt	9/21/66	1703 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If in	nstitution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street		
HOSPITAL OR oddress or location) INSTITUTION	MaryInad Baltimo C. CITY OR TOWN (If outside city limits, write	
INSTITUTION	Baltimore	15-11
	D. STREET ADDRESS (If rural, give location)	10
48 Maryland General Hospital	3816 Grantley Road F	Salto Md 21215
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
Ve Cauc Dayby addury	9-1-1899   lost birthdoy?	Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST		12. CITIZEN OF
done during most of working life, even if retired)		WHAT COUNTRY?
AT Home	Baltimore	USA
	THE MOTHER'S MAJORIT MANNE	
George Jacob White	Myrtle P. Anderson	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO NONE	Bradley H. Waltz 3816 G	rantley Doad
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	ONSET AND DEATH
LEADING TO DEATH	Pulmonary failure	1-tu
(This daes not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		
injury ar camplication which caused death.)	atahti da	44.0
ANTECEDENT CAUSES  (B) /VI	Mastrate Caracana	Mary years
DISEASES OR CONDITIONS, il any, giving	0.00	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	widenic of overy	
	(	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CA	USES OF DEATH?
O 21A, ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g.	p, in or obout 21 C. WHERE DID (If in Boltimor office bldg., INJURY OCCUR?	e City, give exact location)
DEATH (notify medical examiner)	onice blogs, 1143 or o cook:	
	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)  (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While AI		
Work At Wo		
22. I certify that (I) (this haspital) attended the deceased fram		
that (1) (we) last saw the deceased alive an	19and that in(my) (aur) api	nion death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not)	) view the bady after death.	
23A. SIGNATORE		238, DATE SIGNED
	Attending Med. Stoff Phys. Director Phys.	9/21/66
23C. PHYSIGIAM'S NAME (Type)	23D. ADDRESS	
MAME (Type)	D.	
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C	CREMATORY 24D. LOCATION (C	ity, lown, or county) (Stote)
REMOVAL (Specify)		
Burial 9-23-66 Loudon Park C	emetery Baltimore, M	laryland
CED 90 1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FILM # 44600	Liberty Hghts.Ave
SEP 62 1300 (15 / Supple - 1 / Guran - 1	I le	Liberty Agats. Ave





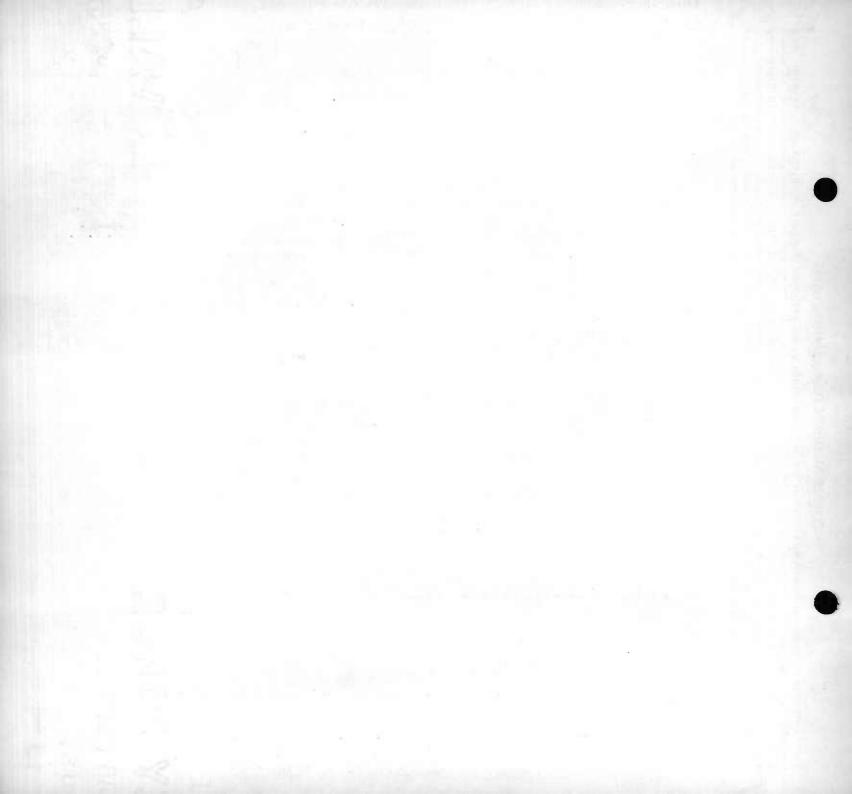
VS 150-REV. 1/1/65

SONIA.

FUNERAL DIRECTOR:



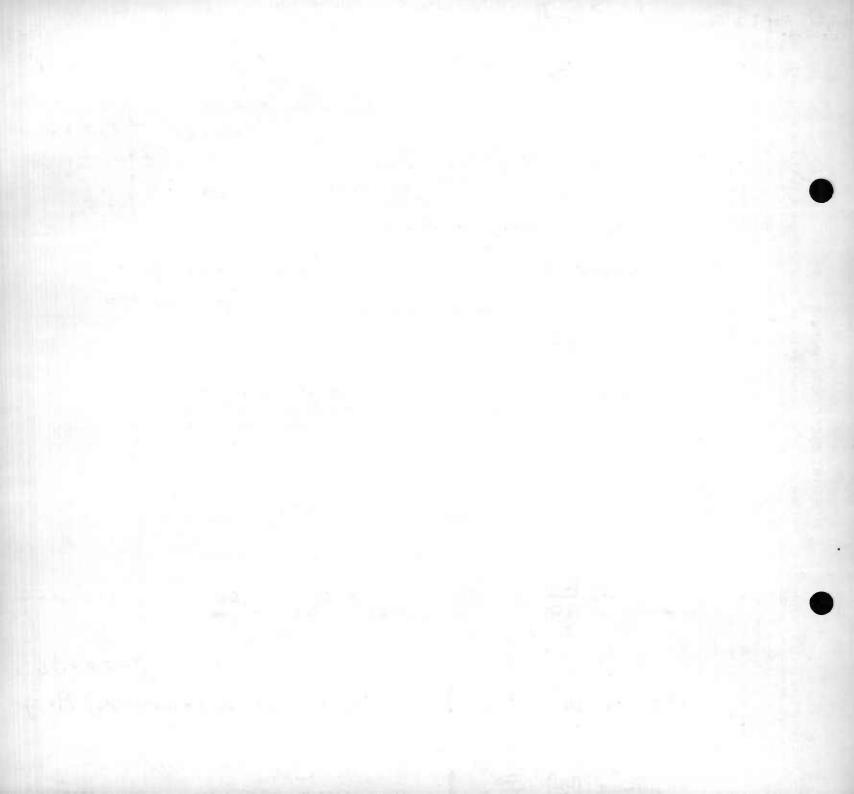
. , ,	pe or Print)	EASED		TT				and Hour of DEA		2 D
Lavinia Hunt 3. PLACE OF DEATH IN BALTIMORE, MARYLAND						4. USUAL	RESIDENCE (	Where deceased lived.	If institution; res	sidence before or
						Md.	В. С	YNUC		
-	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or locotion)  3925 Fairview Avenue						R TOWN (I	f outside city fimits, wr	RURAL ond	give downship)
ľ							to.	6	) -(	)4
	_	725 Fai	irview	Avenue	9	D. STREET		(If rurol, give locotion)		
_	0	V 222		AAADDIED NE	THER ALL BRIDE	B. DATE O		on Avenue	T 10 11	1 9 1/ 14 1
	Female	Negr	co	WICO	NEC (specify)	6-2	2-01	9. AGE (In years lost birthdoy) 65		1 Yr. If Under Doys Hours
don:	. USUAL OCCU	IPATION (Give vorking life, ever	kind of work 1 ( n it retired)	OB, KIND OF BU	ISINESS OR INDUST	RY 11. BIRTHP	LACE (State of	foreign country)	12, CITIZ WHA	EN OF T COUNTRY?
	***					Ber	muda I	slands	U	LS.A.
13.	FATHER'S NAM		0.			14. MOTH	ER'S MAIDEN	NAME		
	Cţ	jarles	Simon	15				abeth		
15. Yes	Was Deceased s, no or unknown)	Ever in U. S. (If yes, give	Armed Force wor or dotes	of service)	SECURITY NO.	17. INFORA	ANT			ADDRESS
	No					A. S	inclai	r Swann 20	)42 Rux	ton Ave
	1B. 33	IXI			CAUSE	OF DEATH				NTERVAL BETW
		E OR COND		CTLY		PV	A			5 4P
	(This does no			dying, e.g.,	(A) DUE TO					1111
	heart failure,				1	DTHE	0511	FAASIG		
	injury ar cam	plication which	ch caused d		(B) A	RTERI	OSCL	EROSIS	5	
	injury ar cam	plication which	CAUSES	deoth.)	(B) A	RTERI	OSCL	EROS/S	5	
	DISEASES O	ANTECEDENT  R CONDITIO  abave ca	CAUSES  ONS, if on ouse (A) s	deoth.) ny, giving	DUE 10			ER05/5		
	injury or com  A  DISEASES O	plication which ANTECEDENT OR CONDITION OF above condition OR CONDITION	CAUSES  ONS, if on ouse (A) s	deoth.) ny, giving	DUE 10					
NOIL	DISEASES Orise to the UNDERLYING	ANTECEDENT OR CONDITION OR GONDITION OR GOND	CAUSES ONS, if on ouse (A) s N last.  DITHONS CO	ny, giving stating the DATRIBUTING ED TO THE	DUE 10					
RTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	ANTECEDENT  R CONDITION  G CONDITION  FICANT CONT  EATH BUT CONDITION  CONDIT	ch caused de CAUSES  ONS, if on ause (A) so last.  DITIONS CONOT RELATICALISM IT.	ny, giving stating the DATRIBUTING ED TO THE	DUE 10					CONSIDERED EATH?
CAL CERTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CAU'S AND CONDITION OF CAUCES AND	CAUSES  ONS, if on use (A) s lost.  Ditions CO NOT RELATICALUSING IT.  JUBB. CONDIWAS PERFO	ny, giving stating the DATRIBUTING ED TO THE STATE OF THE	(C)	20A. At	JTOPSY? (Yes o	T No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CAUSES OF D	CONSIDERED EATH?
CAL CERTIF	DISEASES OF THE UNDERLYING  OTHER SIGNIT TO THE DIDISEASE OF THE DI	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CAU'S AND CONDITION OF CAUCES AND	CAUSES  ONS, if on use (A) s N last.  DITIONS CO NOT RELATI.  19B. CONDI WAS PERFO  ERLYING CONDI SE OF iner)	ony, giving stating the DITRIBUTING ED TO THE DITRIBUTION FOR WHILE DOWN FOR WELL DOWN STATE OF THE DITRIBUTION FOR WHILE DOWN STATE OF THE DITRIBUTION FOR THE DITRIB	(C)	20A. At	ITOPSY? (Yes o I.C. WHERE DII NJURY OCCUR	T No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CAUSES OF D	
ICAL CERTIF	DISEASES OF THE UNDERLYING  OTHER SIGNITY OF THE DISEASE OF THE DI	ANTECEDENT OR CONDITION OF CONDITION FICANT CONI EATH BUT CONDITION OPERATION OPERATION OT WAS UND OTHER CAU medical exam	CAUSES  ONS, if on use (A) s N last.  DITIONS CO NOT RELATI.  19B. CONDI WAS PERFO  ERLYING CONDI SE OF iner)	ny, giving stating the DATRIBUTING ED TO THE DAMED 218, PL. home, etc.)	ICH OPERATION  ACE OF INJURY (e.g form, foctory, street, IJURY OCCURRED	20A. At	ITOPSY? (Yes o I.C. WHERE DII NJURY OCCUR	7 No) 20B. IF YES, WE IN CERTIFYING D (If in Bolti	RE FINDINGS CAUSES OF D	
MEDICAL CERTIF	DISEASES OF THE UNDERLYING  OTHER SIGNII TO THE DID DISEASE OF THE DID SEASE OF THE DID 21A. ACCIDEN OR CONTRIBU DEATH (noify  21D. TIME OF INJURY (APPROX.)	Plication which ANTECEDENT OR CONDITION CONDIT	CAUSES  ONS, if on luse (A) so luse (A) so luse.  Ditions CO NOT RELATICALUSING IT.  198. CONDIWAS PERFO  ERLYING SE OF iner)	ny, giving stating the DATRIBUTING ED TO THE DAMED 218, PL. home, etc.)  (Hour) 21E, IN While Work	ICH OPERATION  ACE OF INJURY (e.g form, foctory, street, IJURY OCCURRED  At Not We At We	20A. At	ITOPSY? (Yes o	r No) 20B. IF YES, WE IN CERTIFYING  O (If in Bolti)  INJURY OCCUR?	RE FINDINGS CAUSES OF D more City, give	exact location)
MEDICAL CERTIF	DISEASES OF THE DISEASE OF THE DISEA	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CAUTHOR OF	CAUSES  ONS, if on use (A) s N last.  DITIONS CONT RELATING IT.  19B. CONDI WAS PERFO  ERLYING TSE OF iner)  Phospital)	ONTRIBUTING ED TO THE OTHER  21B. PL. home, etc.)  (Hour)  21E. IN While Work	ICH OPERATION  ACE OF INJURY (e.g form, foctory, street, IJURY OCCURRED	20A. At	ITOPSY? (Yes o	O (If in Bolti	RE FINDINGS CAUSES OF D more City, give	exact location)
MEDICAL CERTIF	DISEASES OF THE UNDERLYING  OTHER SIGNIT TO THE DIDISEASE OF THE DISEASE OF	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CAUMED CONDITION OF CAUMED CONDITION OF CAUMED CAUM	CAUSES  ONS, if on use (A) s N last.  DITIONS CONT RELATICAUSING IT.  ERLYING TO Finer)  Phospital)  a deceased	ny, giving stating the DITRIBUTING ED TO THE DITION FOR WHIDRMED 21E, PL. home, etc)  (Hour) 21E, IN While Work attended the alive an	ICH OPERATION  ACE OF INJURY (e.g form, foctory, street, lijury Occurred At At Wood At	20A. At	ITOPSY? (Yes o	INJURY OCCUR?	RE FINDINGS CAUSES OF D more City, give	exact location)
MEDICAL CERTIF	DISEASES OF THE UNDERLYING  OTHER SIGNIT TO THE DIDISEASE OF THE DISEASE OF	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OF CAUMERATION OF CAUMER OF CA	CAUSES  ONS, if on use (A) s N last.  DITIONS CONT RELATICAUSING IT.  ERLYING TO Finer)  Phospital)  a deceased	ny, giving stating the DITRIBUTING ED TO THE DITION FOR WHIDRMED 21E, PL. home, etc)  (Hour) 21E, IN While Work attended the alive an	ICH OPERATION  ACE OF INJURY (e.g form, foctory, street, IJURY OCCURRED  At Not We At We	20A. At	ITOPSY? (Yes o	INJURY OCCUR?	RE FINDINGS CAUSES OF D more City, give	exact location)
MEDICAL CERTIF	DISEASES OF THE UNDERLYING  OTHER SIGNII TO THE DIDISEASE OF THE DISEASE OF T	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OF CAUMERATION OF CAUMER OF CA	CAUSES  ONS, if on use (A) s N last.  DITIONS CONT RELATICAUSING IT.  ERLYING TO Finer)  Phospital)  a deceased	ny, giving stating the DITRIBUTING ED TO THE DITION FOR WHIDRMED 21E, PL. home, etc)  (Hour) 21E, IN While Work attended the alive an	ICH OPERATION  ACE OF INJURY (e.g form, foctory, street, light of the st	20A. At	ITOPSY? (Yes o	INJURY OCCUR?	RE FINDINGS CAUSES OF D more City, give	exact location)
MEDICAL CERTIF	DISEASES OF THE UNDERLYING  OTHER SIGNII TO THE DIDISEASE OF THE DISEASE OF THE	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OF CAUMER AND CONDITION OF CAUMER AND CONDITION (Month) (Do that (I) (this last saw the last sa	CAUSES  ONS, if on use (A) s N last.  DITIONS CONT RELATICAUSING IT.  ERLYING TO Finer)  Phospital)  a deceased	ny, giving stating the DITRIBUTING ED TO THE DITION FOR WHIDRMED 21E, PL. home, etc)  (Hour) 21E, IN While Work attended the alive an	ICH OPERATION  ACE OF INJURY (e.g form, foctory, street, light of the st	20A. At office bidg., It office bidg.	ITOPSY? (Yes o	INJURY OCCUR?	RE FINDINGS CAUSES OF D more City, give	exact location)
MEDICAL CERTIF	DISEASES OF TISE TO THE DISTANCE OF TISE TO THE DISTANCE OF TISEASE OR TISEA TO THE DISTANCE OF TISEASE OR TIS	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OF CAUMER AND CONDITION OF CAUMER AND CONDITION (Month) (Do that (I) (this last saw the last sa	CAUSES  ONS, if on use (A) s N last.  DITIONS CONT RELATICAUSING IT.  ERLYING TO Finer)  Phospital)  a deceased	ny, giving stating the DITRIBUTING ED TO THE DITION FOR WHIDRMED 21E, PL. home, etc)  (Hour) 21E, IN While Work attended the alive an	ICH OPERATION  ACE OF INJURY (e.g form, foctory, street, light of the st	pin or obout 2 office bidg., It is a single of the bidg., It is a single of the bidg.	ITOPSY? (Yes o	INJURY OCCUR?	T- 2 apinfan deatl	exact location)  1 — 19 h accurred an 23 —
MEDICAL CERTIF	DISEASES OF ITSE TO THE DISTANCE OF ITSEASE	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION (Month) (Do that (I) (this last saw the last saw the last saw the last saw the condition of CONDITION (Month) (Do that (I) (this last saw the last	CAUSES  ONS, if on use (A) s N last.  Diffons CO NOT RELATICAUSING IT.  ERLYING TO F iner)  Phospital)  a deceased	ONTRIBUTING (ED TO THE  UTION FOR WHI  ORMED  21B, PL home, etc.)  (Hour) 21E, IN While Work  attended the	ICH OPERATION  ACE OF INJURY (e.g form, foctory, street, livery)  At At Wood deceased from At Wee) (did) (did not livery)	20A. At office bidg., III	ITOPSY? (Yes o	INJURY OCCUR?  19 5 to d that in (my) (our)  Stoff, Phys.	The FINDINGS CAUSES OF D  more City, give  apinfan deatl  238. DATE	exact location)  -/ - 19  h accurred an  E SIGNED  23-  3LVD,
MEDICAL CERTIF	DISEASES OF THE UNDERLYING  OTHER SIGNII TO THE DIDISEASE OF THE DISEASE OF T	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the condition of CAU medical example (Month) (Do that (I) (this last saw the I from the CAU medical example (Month) (Do that (I) (this last saw the I from the CAU medical example (Month) (	CAUSES  ONS, if on use (A) so loss.  Ditions CO NOT RELATICAL SING IT.  Type CONDIWAS PERFO  ERLYING SE OF iner)  Chospital)  deceased  suses state.	ONTRIBUTING ED TO THE ITION FOR WHI DRMED  21B. PL. home, etc.)  (Hour) 21E. IN While Work  attended the I alive an ad abave. (I) (1)	ICH OPERATION  ACE OF INJURY (e.g form, foctory, street, light of the st	pin or obout 2 office bldg., III	ITOPSY? (Yes o	INJURY OCCUR?  19 6 to detail that in (my) (our) th.  Stoff Phys.   ARRIS C.  LOCATION	T- 2 apinfan deatl	exact location)  1 - 19 h accurred an  2 3 -  3LVD,



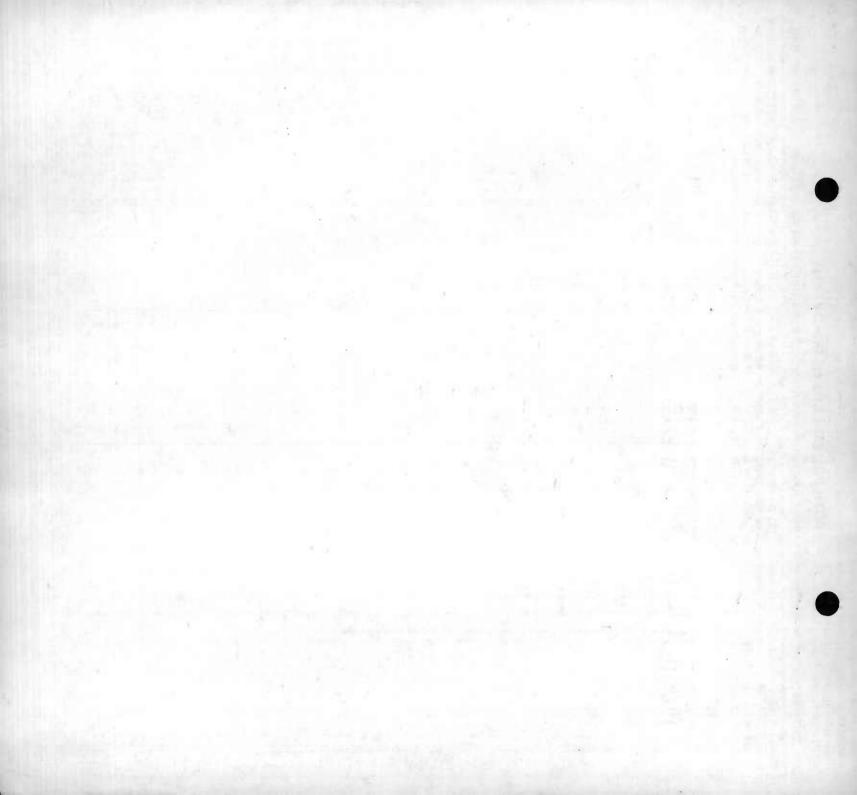
Letter from M.E.'s Office 10-4-66 PAFFA 3850

DIRECTOR:

FUNERAL



HERBERT KEIZER





## BALTIMORE CITY HEALTH DEPARTMENT

CFR	TI	FI	(	Δ	T	F	0	F	D	F.	Δ	TH	4	

Registered	No	JE 7/623

BIRTH NO.		CERTIFICA	TE OF DEATH	Registered No.	- 00 000co			
M.E. CASE	NO. DE DECEASED			AND HOUR OF DEATH				
(Type or Pr		tw.		22-1966	130			
3. PLACE	OF DEATH IN BALTIMORE, MA			here deceased lived. If	nstitution: residence before admission)			
FULL N	AME OF (If not in hospital	or institution, give street	Baltimore,	(d.				
HOSPITA	AL OR oddress or location	on)	C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)  Baltimore, Md.					
90	Belten H ill N 1	ursing H ome		If rural, give location)	(m)			
401	DHette 80	TONN STS	104 W. Randall St.					
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 10-19-1881	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	L OCCUPATION (Give kind of wo- most of working life, even if retired)	1 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?			
mach	ninist (Foreman	1 6 6 11' 011	Balto.,Md.		USA			
13. FATHER	M/·		14. MOTHER'S MAIDEN N					
Aug	gust Behrens		Mary ? CA	THERINE	BRLL			
15. Wes De (Yes, no or u	oceosed Ever in U.S. Armed Founknown) (If yes, give wor or do	tes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Done (San	1) ADDRESS Balt			
No		212-18-4714	WMI GIROT	carrel Bono	had ma 21226			
1B. 4	450,0	CAUSE O	F DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DE	TRECTLY			ONSET AND DEATH			
	LEADING TO DEATH	(A) 6e	peraleul on	tervalen	ta			
	does not mean the made of failure, asthenia, etc. It mean	dying, e.g., DUE TO	perlyl on					
	or complication which couse	d death.)	111	1				
	ANTECEDENT CAUSE	S (B)	being of n	alpubilier	2 1			
DISEA	SES OR CONDITIONS, if		1					
iise	la the abave cause (A)							
UNDE	ERLYING CONDITION last.							
7	11							
€ TO 1	R SIGNIFICANT CONDITIONS THE DEATH BUT NOT REL	ATED TO THE	-					
	ATE OF OPERATION 198. CO	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	Nol 20B. IF YES, WERE	FINDINGS CONSIDERED			
ERTIFIC 19A.D.		RFORMED		IN CERTIFYING C	AUSES OF DEATH?			
0 21 A. A	CCIDENT WAS UNDERLYING DITRIBUTING CAUSE OF (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, torm, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location)			
□ 21 D. TI	ME (Month) (Doy) (Year	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?				
OF IN.		While At Not Whil						
		Work At Work		10/-	4 '00			
		nt) attended the deceased from 50						
		sed alive an Sapt 27			inlon death occurred on the date			
		ated above. (I) ( <del>We)</del> (did) (d <del>id not) v</del>	iew the body after death	1.				
23A, \$1	GNATURE	and			23B. DATE SIGNED			
	all	acht M.D. Atte	ending Med. Director	Stoff Phys.	9/23/66			
23 C. PH	AME (Type) AT IT MY	H m	23D. ADDRESS	1	12 - 1			
N.	ALLA PAT	parthed T M.O.	7 Eines	0570	10 40 5 md			
	AL CREMATION, 248. DATE	24C. NAME of CEMETERY of CRI	MATORY 24D.	LOCATION (	City, town, or county) (State)			
A REMO	DVAL (Specify)	THONE STONE HOUSE F	e stan	Can Bernie.	mol.			
MAN	al July	6, 19ch	TOSC SILVER	jem jevina	FVANS ADDRESS			
ZJA. DATE	REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	TONERA DIRECTO	CURIIS E.	EVAINS ADDRESS			
	SEP 26 1966 (	10 IT E STORTEN PLAN (C	14	VOD I CIDAN	77 70			
VS 150-RE	V. 1/1/65							

LUNGSHA STONESTS

COLUMN THE STATE OF THE STATE O

The state of the s

BETTERS TO SET IN THE REAL PROPERTY OF THE SECOND S

3.000

Market and the second of the s

and i		66 08	1525		T REALIN DEPARTMENT	B IN	66_09625		
7	CASE NO.			CERTIFICA	TE OF DEATH	Registered Na.	<u> </u>		
1. NA	ME OF DEC	EASED		199	2. DATE	AND HOUR OF DEATH			
		GE	NEVIEVE	L. BRESLIN	SEPT.	23, 1966			
3. PL	ACE OF DE	ATH IN BALTIMORI	E, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived. It institution; residence before admission. STATE B. COUNTY				
	JLL NAME C	F (If not in ho oddress or I	spitol or institut	tion, give street	MARYLAND				
	ISTITUTION	oddress of i	aconon/		C. CITY OR TOWN (IF	outside city limits, write	BURAL and give lownship)		
					BALTIMORE				
00	3617	WILKENS A	VENUE	21229	3617 WILKE	If rural, give location) INS AVENUE	21229		
5. SE	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)				B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
	EMALE	WHITE		RRIED	4-1-1909	<b>f</b> 57			
		working life, even if re		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUNTRY?		
	HOUSE				MARYLAND		U.S.A.		
3. F.	ATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME			
			LOUIS C.	TATUM	MARY	E. HEPDING			
15. W	as Deceased	Ever in U. S. Arm	ed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
. 45,		yes, give wor	or dotes at serv			DEGITE ACCT			
- 1	NO	71.73		NONE		RESLIN, 3617	WILKENS AVENUE #		
1	B. 14.	O X		CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	SE OR CONDITION		13 11					
	(This does a	nol mean the mod		(A) / C	eumalic &	eart des	are Loys		
	hearl failure,	asthenia, etc. II n	neons the dise	ease, ( if ()	eumatic of	andire in a			
	injury or con	nplication which co	oused death.)	with.	Though the	moderane	9		
		ANTECEDENT CA	USES	(B)					
	DISEASES C	OR CONDITIONS,	if any, gi						
		e obave couse G CONDITION los		The (C)		*************************			
-	ONDEREIN	3 CONDITION 10:	51,						
$\geq$	TO THE D	FICANT CONDITION FATH BUT NOT	RELATED TO						
		OPERATION 198		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED		
ERTIFIC	0	WA	S PERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
CER	ZIA. ACCIDE	NT WAS UNDERLY	ING	21B. PLACE OF INJURY (e.g.,	in or about 21C WHERE DID	(If in Boltimor	e City, give exact location)		
1	OR CONTRIBU	TING CAUSE O	F	home, form, foctory, street, o	iffice bldg. INJURY OCCUR?	(ii in bonimo)	e City, give exact tocomon)		
EDI	D. TIME	(Month) (Doy)	(Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
< \	OF INJURY (APPROX.)			While At Not Whi					
				Wark At Wark	2-11				
2	22. 1 certify	that (1) (this has	spital) attend	led the deceased fram	mary 1958	19ta	19		
t	hat (I) (we)	last saw the de	ceased alive	an Destember 11	8 1966 and	that in(my) (aur) opi	inian death occurred an the d		
	and have an	d from the server	e control al-	(I) (Wa) (4:1) (1:1	ulaw sha hadu afsaa Jaad	,.,, (, 4)	The second secon		
	3A. SIGNATU		s stated obay	ve. (I) (We) (did) (did nat)	view the body after death	•	DOOR DATE SIGNED		
1	SA. SIGNAT	- 22 -0 -	NDV	8 AA D AA	ending\ Med.	Stoff -	23B. DATE SIGNED		
	6	pa ph	DBK	n. G M.D. Att		Stoff Phys.	1123/66		
2	NAME (T	un ol		B. KING M.D.	23D. ADDRESS 222 W.	COLD SPRING	LANE		
24A.	BURIAL CRE	MATION. 248. DA		C. NAME of CEMETERY or CR			ity, town, or county) (State)		
	BURIA		-66	LOUDON PARK CEME	CTERY	BALTIMORE,	MARYLAND		
25▲		BY HEALTH DEPT.		ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS		
	- ALC D	J. HENSTH DEFT.	230. 14	40.00	-		WILKENS AVENUE 212		
		PR 80 10	cc 13 0	es Q Fallenge	HOWARD HO	אלינה , אונה	TELLU LIVERION ZIA		
VS 1.	50-REV. 1/12	5 20 13	ac aloca		1 2 4				

THE RELL THE STATE OF 

The state of the s

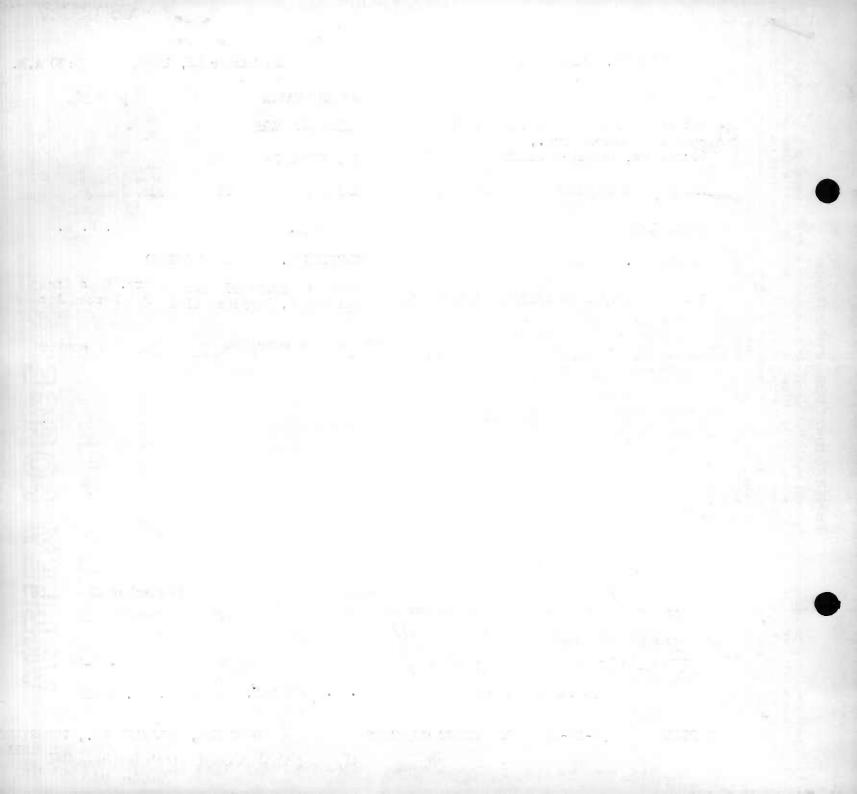
FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

That I a make the WASTERN NO. OF THE BASE.

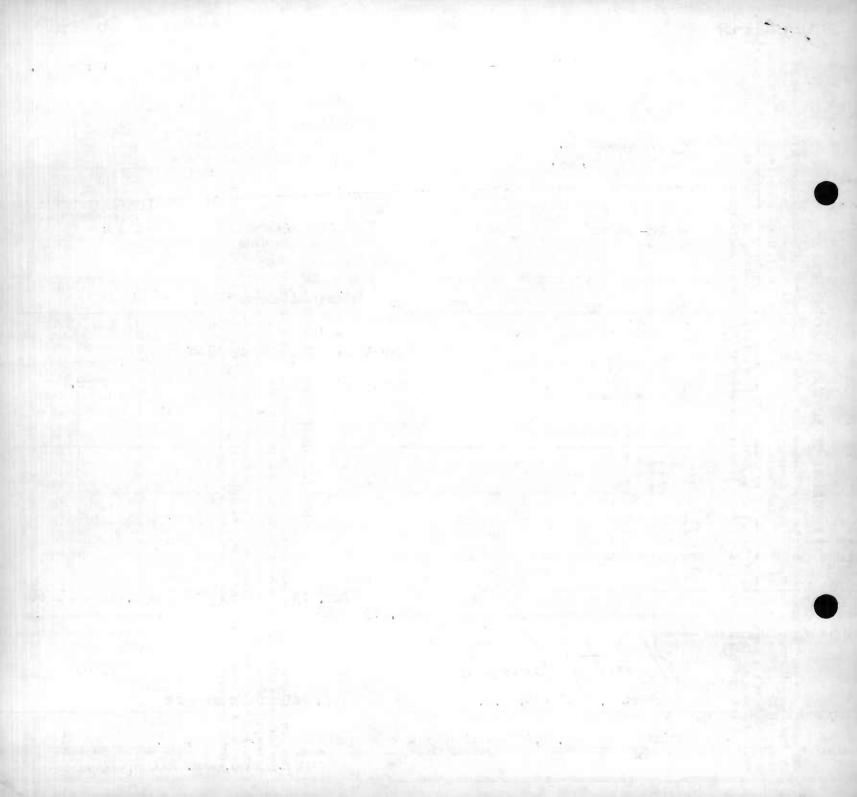
M.E	H NO.	00 0	9627	CERTIFICA	TE OF DI	ATH	Registered No.		09627
1. N	AME OF DE	CEASED				2. DATE AN	ID HOUR OF DEATH		
(1) p	T(	OMER, WILLIA	M CLYDE			Sept	cember 22, ]	L966	9:30 A.M
3. P	LACE OF DE	ATH IN BALTIMORE, M	ARYLAND		4. USUAL RESID	B. COUN	re deceosed lived, tl i ITY	nstitution: residence	e before admission)
F	ULL NAME			give street	PENNSYI	VANIA		V-	35
Ų	OSPITAL OR	oddress or locoti <b>Administra</b>	on)		C. CITY OR TO		tside city limits, write	RURAL ond give	township)
-	soon Lo	ch Raven Blvd	Tou nos	brear	MTLLMON  D. STREET ADD		rurol, give location)		
		re, Maryland			305 VIR				
5. S		6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr.	, If Under 24 Hrs.
	MALE	CAUCASIAN	D	D. DIVORCED (specify)	5/30/09		lost birthdoyl	Months	Hours Min.
done	during most of	working life, even if retired		F BUSINESS OR INDUSTRY			Access to the second	12. CITIZEN O	
	PRUCK D				CHESTE	R, PEN	NSYLVANIA	U.	S. A.
	FATHER'S NA				14. MOTHER'S A				
1	MALLLIAM	D. TOOMER			XXXXXXXXX	E. FO	STER (CARR	IE)	
(Yes		d Ever in U. S. Armed F n) (II yes, give wor or do 2/2/42. to	tes, of service)	16. SOCIAL SECURITY NO. 195 05 8248	17. INFORMANT Veteran Baltimo	s Hosp	ital Record	W	ha Casey ton Avenue
	18. / 6	2./1		CAUSE O		,		INTER	VAL BETWEEN
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  (A)				onchogeni	c carc:	inoma		Months
z	rise Io II UNDERLYIN	ANTECEDENT CAUSE OR CONDITIONS, if ne obove cause (A G CONDITION last.	any, giving ) slaling the	(B)					
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
ERTIFIC	19A. DATE O		REPORMED	WHICH OPERATION	Yes	? (Yes or No	IN CERTIFYING CA	FINDINGS CONS	ADERED ?
U	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 E hon etc.	R. PLACE OF INJURY (e.g., in ne, form, foctory, street, of )	or about 21 C. Wi	OCCUR?	(If in Boltimo	re City, give exoc	t locotion)
MEDIC	21 D. TIME OF INJURY	(Month) (Doy) (Yeor		. INJURY OCCURRED		M DID INT	URY OCCUR?		1 700
<	(APPROX.)	,	Wo						
	22. I certify	that (1) (this hospite	ol) ottended t	he deceased from	ugust 4			ptember 2	
				September 22		ond th	ot in /m/y) (our) op	inion deoth occ	urred on the dot
	ond hour and from the couses stated above. (1) (We) (did) (did hat) v				The body of	Tet deoill.		23B, DATE SIGI	NED
	Fa	lluo to	ene	Recent Atte	nding M	ed.	Stolf Phys.	9-2	2-66
	23C. PHYSICIA	Tynel	Sam Loui		3D. ADDRESS		, Baltimore	1	
24A	BURIAL CRI	MATION, 248. DATE	24C. N	AME of CEMETERY of CRE	MATORY	24D. L	OCATION (C	ity, town, or coun	ity) (Stote)
BI	URIAL	9-26-66	5 LAW	NCROFT CEMETER	Y	В	OOTHLYN, DE	LAWARE CO	, PENNSYI
25A	. DATE REC'E	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERA	LDIRECTOR	^	I PIAI	DDRESS NI



66 09628

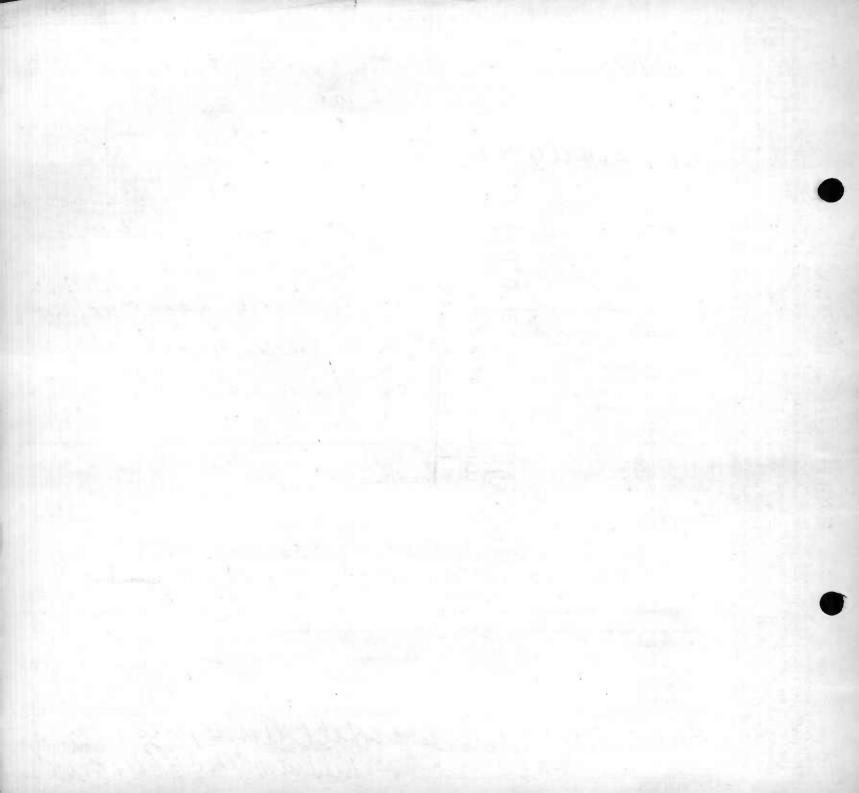
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	66 096	28	CERTIFICA	ATE OF D	EATH	Registered Na	- 66 09628	
M.E. CASE NO.	CEASED				2. DATE A	ND HOUR OF DEATH	H	
(Type or Print)	11-11- M: 1: -	ushiana /	Miller Milaus	has	Santa	mber 22, 196	66 1 1000 A	
PLACE OF DE	ATH IN BALTIMORE A		iccey ricculo				institution: residence before admission	
FULL NAME OF HOSPITAL OR		al or institution,	give street	A. STATE Maryland C. CITY OR TO Baltimo	B. COU	NTY	RURAL and give township)	
01	7 8 1 54			D. STREET ADI		rural, give location)	0 6	
20 711	Bayard St.							
	ultimore, Md.			917 Bayard Street				
. sex Female	6. RACE Wh		D, DIVORCED (specify)	April 12		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
			F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or for	eign country)	12. CITIZEN OF	
	working life, even if retired		hima	Lithu	ania		US A	
	-Retired	Clot	ung				изя	
3. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ME		
5 Was Dacages	d Ever in U. S. Armed	Foreas?	1 6. SOCIAL	17. INFORMANT			ADDRESS	
Yes, no or unknaw	n) (If yes, give wor or d	ates of service)	SECURITY NO.			047.0		
na	no		217 01 8387	Anthony	relaust	ras 917 Baya	nd It	
1B,	f no		CAUSE	OF DEATH			INTERVAL BETWEEN	
	2,0						ONSET AND DEATH	
DISEA	SE OR CONDITION I							
(Thin door			(A) Car	cinoma of	the ov	rary with		
	nal meon the made , asthenia, etc. Il mea							
	mplication which caus			astasis			1 yr.	
ALC: U	ANTECEDENT CAUS	FS	(B)	as rasts			, ,,,,	
			DUE TO					
	OR CONDITIONS, i							
	e abave cause (A G CONDITION last,	A) sloling the	(C)					
0.110								
E TO THE D	IFICANT CONDITIONS DEATH BUT NOT RE	LATED TO TI			, 111			
DISEASE OR	CONDITION CAUSING			1004		1 1 000		
19A. DATE O		ERFORMED	WHICH OPERATION	ZUA. AUTOP	SY? (Yes at N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
				N	0			
21 A. ACCIDI	NT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.,	in or about 21 C. W	HERE DID	(If in Baltima	are City, give exact lacotion)	
	UTING CAUSE OF	etc	me, form, factory, street,	office bidg., INJUK	1 OCCUR!			
2								
OF INJURY	(Month) (Doy) (Yes	or) (Hour) 211	E INJURY OCCURRED		OW DID IN	JURY OCCUR?		
€ (APPROX.)			hile At Not What Wark At War	nile				
					1.0		C	
22. I certify	that (1) (this hospi	tal) attended		Nov.	13	19 65 10	Sept. 22 19 66	
that (I) (we	) last saw the decea	sed alive an	Sept.	19 19 66	and t	hat in (my) (aur) a	plnian death accurred an the da	
			A -					
		tated bbave	(I) (We) (did) (did nat)	view the bady o	itter death.			
23A. SIGNAY	URE /	4 1	7				23 B. DATE SIGNED	
1	Ke II	to a - V	M.D. A	ttending X	Med.	Stoff Phys.	9/23/66	
23C. PHYSICI	ANS	- www	700	23D. ADDRESS		,	1/2/00	
NAME (	Type)					Can'		
Herb	ert J. Levic	kas, M.I	). M.D	1073	Maiden	Choice Lane		
4A. BURIAL CR	EMATION, 248. DATE		AME of CEMETERY of C	REMATORY	24D.	LOCATION	City, town, or county) (State)	
REMOVAL	(Specify)				100			
Burial	Sep. 2	6,1966 M	ost Holy Redee	mer (em	1	Baltimore, M	d.	
SA. DATE RECL	THEACTHE DELT		OF REGISTRAR	25C FUNER	AL DIRECTO	R	ADDRESS	
	- MO 1900	Violect	C. Valentin	1 homo	s to Ke	enry. Inc. 1	600 Hollins St	



	E CASE NO		111201		//	0 01		CAIL OI					
_	E. CASE NO.	CEASED						2. DATE	AND !	HOUR PRONOUNC	ED DEAD		
(Ty	pe ar Print) _	MAJOR	T		SLOAN					mber 24,		6:55	P
3.					UNCED DEAD		4. USUA		_				dmission)
							A. STAT	Maryland		ceosed lived. If ins B. CO	UNTY		
FU	LL NAME OF	(IF NOT ADDRES	IN HOSPITA	L OR INSTITUTION	TUTION, GIVE STREE	Т	C. CITY			orporate limits, writ	e RURAL o	nd give townsh	ip)
IN:	TITUTION									200	-		
	4001	U Eman	1-1 day C	*****			D STREE	Baltimor		e location!			
0	4001	W. Fran	IKITH 2	rreer			Di STREE					1	
5. :	SFX	6. RACE		7. AA A DDIES	D, NEVER MARRIED	in in	DATE	OF BIRTH	Fra	nklin Stre		r 1 Yr. If Under	24 Hze
J. ,	JEA			WIDO WED,	DIVORCED (specify)		M-	- 2-186	1	9. AGE (In years lost birthday)		Doys Hours	
	Male	Color		,	RRIFD		14	95.100	0	80			
	during most of			OB. KIND C	OF BUSINESS OR INI	DU STRY I	1. BIRTH	PLACE (State or fo	reign c	country)	12. CITIZ	EN OF	
5	ET. C/D.	NITOR		TAIL	RUAD	K	000	TONVIC	12	50,6	1	500	
13.	FATHER'S NAM	ME	-0	1	,	1	4. MOTH	ER'S MAIDEN NA	AME				
	GAB	RIFL	- 51	DAR		6	DA	nt					
	WAS DECEASE				16. SO CIAL SECURITY NO.	1	7. INFOR	MANT			ADDRESS	S	
116	17	in yes, give	wor or doles	<b>7</b> .	16 07	27	30	STEN	/	1 (17)	111.7	15 M 0.	1184
_	118.	0 0 1		05/3	1-09-000	AUSE		00 -0 0	(2)754	100	.007	INTERVAL BE	TWEEN
	70	1 2/1/				AUSE	OF DEA					ONSET AND	
	DISEA	SE OR CON	DITION DIR	ECTLY	Δ	rtor	inecl	erotic Ca	rdi	ovaccular			
	(This does	not mean the	e mode of	dying, e.g.	(A)	LCL	10363	CLOCK OR	Lar	Ovascarar			
	injury or co	, asthenia, etc implication whi	. II means ch caused d	the disease eath.)	,			D	ise	ase			
		ANTECENDE	AT CALLER										
		OR CONDIT			(8)			***************************************					
	RISE TO TH	IE ABOVE CA	USE (A) ST	TING THE	DOE 10						1200	0.00	
z	1	NG CONDITI	ON LASI.		(C)								
9		11				_	-						
No.	OTHER SIG	NIFICANT CO	NDITIONS C	ONTRIBUT	ING								
Ĭ	DISEASE	DEATH BUT			THE								•••••
CERTIFICATION	19A. DATE O	F OPERATION			WHICH OPERATION	N	20A. A	UTOPSY? (Yes or h		B. IF YES, WERE FI			
1	0		WAS PERF	DKWED				No	IN	CERTIFYING CAU	252 OF DE	AIH?	
K	21A. EXTERNA	OR CONTRI		218	PLACE OF INJURY	(e.g., in	or about	21C. WHERE DIE	O (If i	n Baltimore City, g	ive exact la	ocotian)	
EDIC,		SE OF DEAT		etc.	)	neet, Om	ree brug.	INJURI OCCUR:					
Σ	21 D TIME	(Month) (1	Day) (Year)	(Hour)	21 E. INJURY OCCU	RRED		21F. HOW DID II	NJURY	OCCUR?			
	OF INJURY (APPROX.)				WHILE AT	NOT W	HILE						
	22.			m.	WHILE AT WORK	AT WO	RK		-				
		tify that I he	eld an In	quiry 🗌	Inspection X	Auta	psy	and that an	this b	basis, death in i	my apinla	n	
	resu	Ited fram: N	lavoral) cau	sesX	Accident	Suiclde		Hamicide	Und	latermined mann	er _		
		7	/AA	0.	- //		СН	IEF MEDICAL	EXAM	AINER 🗌			
	ACTUA		11/3	UMI	while			ANT MEDICAL				DATE SIG	NED
	SIGNAT		100	P-	1			ATE MEDICAL				0/05	100
	NAME (	Type)	kud 1ger	Breit	enecker		M330CI	ATE MEDICAL	LAMI	MINCK		9/25	00
	BURIAL CRE	MATION, 23	B. DATE	1 2	3C. NAME OF CEME	TERY or	CREMAT	ORY 23E	. LOC	ATION (City	, tawn, ar	county) (	State)
RE	MOVAL (Special	X-	9/24	161	DOK.TO	ic y	1/2-10	1. PK	100	utus = K	Spit	nmi).	27
24	A DATE BECT	BY HEALTH	DEPT	24R NAAA	E OF REGISTRAR	3/,	1240	FUNERAL DIRECT	-	UTUS K	in cr	ADDRESS	
24/	DATE RECE	OI HEACIN	DE 11.	want IAMM	CO REGISTRAR		7	OWERAL DIRECT	- R	11	177	2010	•
	S	EP 26	1966	1.0.1	- 2 Fallent	H.A	di	jarsyan	(7)	Strys	68	NYIL	non
VS	151-REV. 1/1	/65										1	0

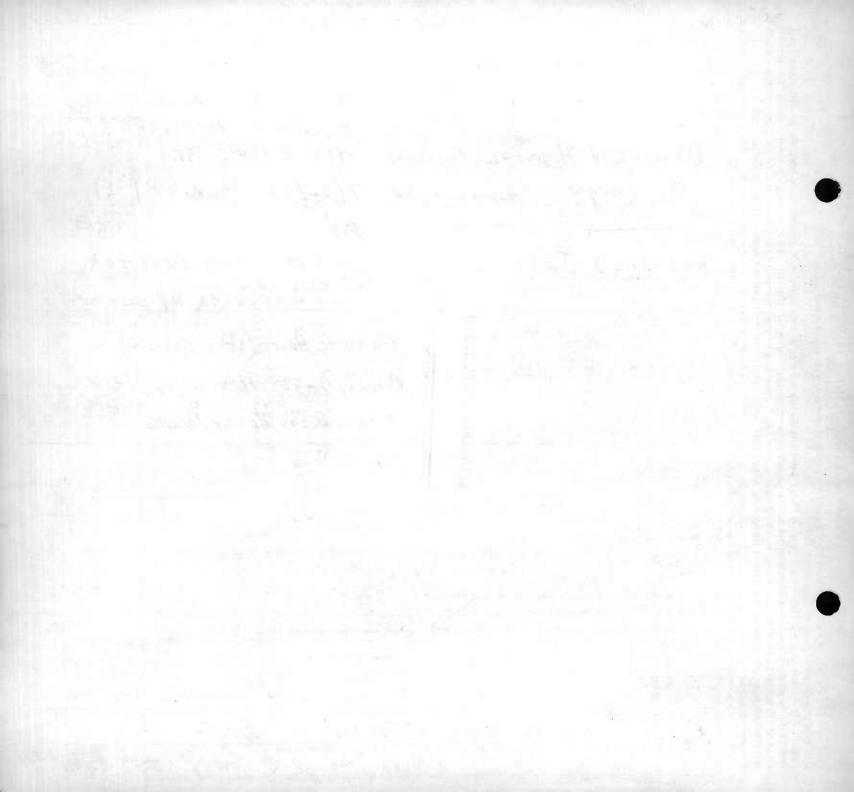
NO STATE OF THE ST 14493-1886 2000年1月1日 Cuconnece 20 Et. Jantine Rower Row Jane GABRECK STORN 25-09-0332 Custo Show From whom to use Burget Hoteld Regards Man P& Austra Garrens 27

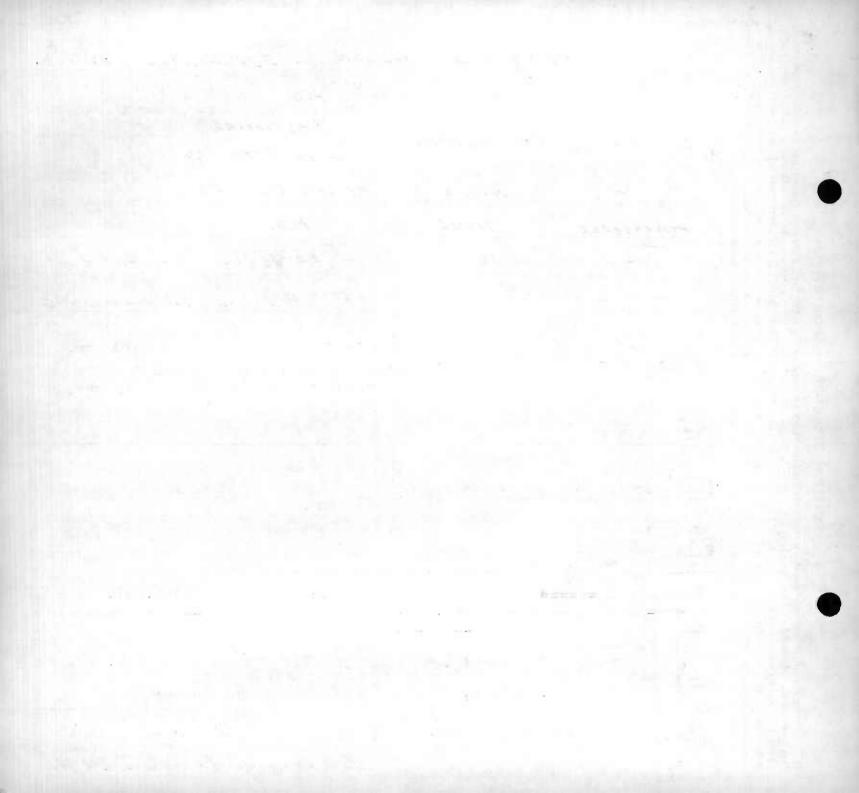


M.E. CASE NO. 66 U9631	CERTIFICA	TE OF DEATH	and the same of	#5 DO 1145.41
	CERTIFICA	IE OF DEATH	Registered No	** 00 00001
1, NAME OF DECEASED		12 DATE A	NO HOUR OF DEATH	1
(Type or Print) Deborah Lockwood		91	22/66	100 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE Wh	ere deceased lived. If	institution: residence before admission)
FILL NAME OF ALCOHOLOGICAL CONTROL		A, STATE B. COU	2011	k7-00
FULL NAME OF (If not in hospital or institution oddress or location)	n, give street	C. CITY OR TOWN (If o		RURAL and give township)
INSTITUTION Hade and Horse	alto 1	Pecs How	1	
Johns Hopkins Hos	pr re	D. STREET ADDRESS	frurol, give location)	
33		Box 30	56	
	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	VED, DIVORCED (specify)	5-19-52	lost birthdoy	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
done during most of working life, even if retired)		11. 1. 1		WHAT COUNTRY?
Chila		19 ary ares	1448	USIT
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	WE	
James R. Lock wood		Mary El	izabeth O'N	eal
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 177 5/1	ADDRESS
Al o	None	James Robert L	ockwood	Cecilton, Md.
18.	CAUSE O		JCEWOOU,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Men	rocytic La	uk emia	12 m 05
(This does not mean the made of dying, e.		7		
heart failure, asthenia, etc. It means the diseas injury ar camplication which caused death,)	50,	,		
ANTECEDENT CAUSES	(B)	********	**********	
DISEASES OR CONDITIONS, if any, givin	DUE TO			
rise to the above cause (A) stating the		parantes (100 ft 10 st 1		
UNDERLYING CONDITION lost.				
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.				
	B WILLIEU ORFRATION	TOO A ALLEOBENS (Von on N	In JOB IS VES MEDI	CANDINGS CONSIDERED
	R WHICH OPERATION	20A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FO	1B. PLACE OF INJURY(e.g., in	YES.	IN CERTIFYING C	
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		YES.	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF  DEATH (notify medical examines)	PLACE OF INJURY(e.g., in come, form, foctory, street, of stc.)	TES.  n or obout 21C, WHERE DID INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
19A. DATE OF OPERATION 19R. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF 6 DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY	PIR PLACE OF INJURY (e.g., in tome, form, foctory, street, of etc.)	or obout 21 C, WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
19A. DATE OF OPERATION 19R. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   20 CR CONTRIBUTING   CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROV.)	PLACE OF INJURY(e.g., in come, form, foctory, street, of stc.)	or obout 21 C, WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exoct locotion)
19A. DATE OF OPERATION 19R. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   20 CR CONTRIBUTING   CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROV.)	PIB. PLACE OF INJURY (e.g., ir tome, form, foctory, street, of etc.)  PIE. INJURY OCCURRED  While At Not While At Work	Dor obout 21C. WHERE DID fice bidg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exoct locotion)
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2  OF INJURY (APPROX.)	PIB. PLACE OF INJURY (e.g., ir tome, form, foctory, street, of etc.)  PIE. INJURY OCCURRED  While At Not While At Work  If the deceased from	TES.  To or obout 21 C. WHERE DID  fice bldg., INJURY OCCUR?  21 F. HOW DID IN	IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exoct locotion)
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) (Hour) 2  OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) Tast sow the deceased alive or	PIB. PLACE OF INJURY (e.g., ir tome, form, foctory, street, of stc.)  TE. INJURY OCCURRED  While At Not While At Work  It the deceosed from Sept 23	21F. HOW DID IN	IN CERTIFYING C  (If in Boltime	AUSES OF DEATH?  DIE City, give exoct locotion)
19A. DATE OF OPERATION 19R. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended	PIB. PLACE OF INJURY (e.g., ir tome, form, foctory, street, of stc.)  TE. INJURY OCCURRED  While At Not While At Work  It the deceosed from Sept. 2.2.2.	21F. HOW DID IN	IN CERTIFYING C  (If in Boltime	AUSES OF DEATH?  DIE City, give exoct locotion)
19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   20 CR CONTRIBUTING   CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) (Hour) 2 CR PROX.)  22. I certify that (I) (this haspital) attended that (I) (we) Tast sow the deceased alive or ond hour and from the causes stated above.	PIB. PLACE OF INJURY (e.g., ir tome, form, foctory, street, of stc.)  TE. INJURY OCCURRED  While At Not While At Work  It the deceosed from Sept. 2.2.2.	21F. HOW DID IN	IN CERTIFYING C  (If in Boltime  IJURY OCCUR?  19 6 to 50  hot In(my) (aur) of	AUSES OF DEATH?  DIE City, give exoct locotion)  19 66  Dinion death occurred an the data
19A. DATE OF OPERATION 19R. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) Tast sow the deceased alive or ond hour and from the causes stated above.  23A. SIGNATURE	PIR PLACE OF INJURY (e.g., in the comment of the co	21F. HOW DID IN  21F. H	IN CERTIFYING C  (If in Boltime	AUSES OF DEATH?  DIE City, give exoct locotion)  19 66  Dinion death occurred an the date
19A. DATE OF OPERATION 19R. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   20 OR CONTRIBUTING   CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) Tast sow the deceased alive or ond hour and from the causes stated obove.	PIB. PLACE OF INJURY (e.g., ir tome, form, foctory, street, of stc.)  PIE. INJURY OCCURRED  While At Not While At Work  At Work  It the deceosed from	21F. HOW DID IN	IN CERTIFYING C  (If in Boltime  IJURY OCCUR?  19 6 to 50  hot In(my) (aur) of	AUSES OF DEATH?  DIE City, give exoct locotion)  19 66  Dinion death occurred an the date
19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) Tast sow the deceased alive or ond hour and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)	PIR PLACE OF INJURY (e.g., in the comment of the co	21F. HOW DID IN  22F. HOW DID IN  23D. ADDRESS	IN CERTIFYING C  (If in Boltime  IJURY OCCUR?  19 6 to 5 (  hot In(my) (our) of  Phys	auses of Death?  Dire City, give exoct locotion)  19 66  Dinion deoth occurred an the dot  23B. DATE SIGNED
19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) Tast sow the deceased alive or ond hour and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C.	PIB. PLACE OF INJURY (e.g., ir tome, form, foctory, street, of stc.)  PIE. INJURY OCCURRED  While At Not While At Work  At Work  It the deceosed from	21F. HOW DID IN  21F. H	IN CERTIFYING C  (If in Boltime  IJURY OCCUR?  19 6 to 5 c  hot In(my) (607) of  Phys.   Opkins Hos	AUSES OF DEATH?  DIE City, give exect locotion)  19 66  Dinion death occurred an the date
19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) Tast sow the deceased alive or ond hour and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	ALB. PLACE OF INJURY (e.g., income, form, foctory, street, of etc.)  The INJURY OCCURRED  While At Not While At Work  At Work  At the deceosed from	21F. HOW DID IN  22F. H	IN CERTIFYING C  (If in Boltime  IJURY OCCUR?  19 6 to 50  hot In(my) (per) of  Stoff Phys.   DOKINS HOS	auses of Death?  Dire City, give exact location)  19 66  Dinion death occurred an the date  23B. DATE SIGNED  9/22/66  Dital  City, town, or county) (State)
19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 20 (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (me) Tast sow the deceased alive or ond hour and from the couses stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C.  REMOVAL (Specify)  Burial Sept. 26/66	PIB. PLACE OF INJURY (e.g., ir tome, form, foctory, street, of etc.)  PIE. INJURY OCCURRED  While At Not While At Work  At the deceosed from	21F. HOW DID IN  22F. H	IN CERTIFYING C  (If in Boltime  IJURY OCCUR?  19 6 to 50  hot In(my) (per) of  Stoff Phys.   Docation (certification)  Location (certification)	AUSES OF DEATH?  DIE City, give exect locotion)  19 66  Dinion deoth occurred an the dot  23B. DATE SIGNED  9/22/66
19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 20 (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (me) Tast sow the deceased alive or ond hour and from the couses stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C.  REMOVAL (Specify)  Burial Sept. 26/66	ALB. PLACE OF INJURY (e.g., in the content of the c	21F. HOW DID IN  22D. ADDRESS  The Johns Ho  24D.  Ga.	IN CERTIFYING C  (If in Boltime  IJURY OCCUR?  19 6 to 50  hot In(my) (our) of  Phys.   DORING HOS  LOCATION (CERTIFYING CERTIFYING	auses of Death?  Dre City, give exact location)  19 66  Dinion death occurred an the date  23B. DATE SIGNED  9/22/66  Dital  City, town, or county) (State)  at Co; Md.

the state of the s

A STATE OF THE PARTY OF THE PAR





BIR	TH NO.	M	EDICAL EX	KAMINER'S CE	ERTIFICA	TE OF D	EATH Register	ed Na	
	E CASE NO.								
1. (Ty	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
Ĺ		Wil	llie Lee	Melvin		1	9/19/66	5   11	:40 p. M.
			ID, WHERE PRONO		4. USUAL RESID	Maryland	leceosed lived. If instit B. COUI	lution: residence b	efore odmission)
HC	SPITAL OR	ADDRESS OR	LOCATION)	UTION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL and give	township)
INS	TITUTION					Balti	imore	Com	96
					D. STREET ADD			<u> </u>	
1	3	Honkins	Hospital				N. Broadwa	2.37	
5. 5	1997	6. RACE		NEVER MARRIED	B. DAJE OF BIRT		9. AGE (In years		f Under 24 Hrs.
				DIVORCED (specify)	1	10011	lost birthdoy	Months Doys	
	male	colored	11/2/11	r18d	Mug. 23	3.1941	25		14.
		UPATION (Give kind working life, even if re		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF WHAT COU	NTRY?
	126	open	CON S	muetion	Lum ber	rbridge	e IV.C.		
13.	FATHER'S NAM	AE .	1 1		14. MOTHER'S M	AIDEN NAME		1.	
	LAV	- 11 M/m	Wine		1 1/37 /	Mrs /	://.		
15.	WAS DECEASE	ED EVER IN U.S. A	RMED FORCES?	16. SO CIAL	17. INEORMANT	me pl	114	ADDRESS	
(Ye	, no or unknown	(If yes, give wor	or dotes of service)	SECURITY NO.	1/11.	on1.	1/2.	PAI.	. 1/
	NO				Tolde.	MEEVE	125020	. Chase	A.
	1B. G	COV		CAUSE	OF DEATH				AL BETWEEN
	DISEA	SE OR CONDITIO	ON DIRECTLY					ONSEI	AND DEATH
		LEADING TO	DEATH	(A) Massiv	e interna	al bleed	ing		
	heort foilure	nat mean the ma , asthenia, etc. It mplication which co	de of dying, e.g., means the disease, oused death.)	DUE TO			,		
				0. 1	1 6	1	1		
		OR CONDITIONS	, IF ANY, GIVING		ound of c	nest, 1	nvolving the	e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	RISE TO TH	IE ABOVE CAUSE	(A) STATING THE		monary ar	terv		G 344 G 7	
-	UNDERLYII	NG CONDITION	LAST.	(C)				3.47	
O		34							
A	OTHER SIG	NIFICANT CONDI	TONS CONTRIBUTI	NG					
문	TO THE	DEATH BUT NO	OT RELATED TO						
ERTIFICATION		R CONDITION CA		WHICH OPERATION	20A ALITOPEY	2 (Van at Na) [2	OB. IF YES, WERE FIN	DINGS CONSIDE	DED
8	TA. DATE OF		S PERFORMED	WHICH OFERATION	204. 4010/3/		N CERTIFYING CAUS		KED
1	OLA FYTERNIA	L CAUSE WAS	loan	DI ACE OF INITION /	yes		yes	. 1	
EDICAL	UNDERLYING	DOR CONTRIB-	home	PLACE OF INJURY (e.g., i e. form, foctory, street, o	ffice bldg., INJURY	OCCUR?	in Bollimore City, giv	e exoct locotion)	
8	UTING - CAU	SE OF DEATH.	etc.)	home	150	06 N. Bro	oadway		
Σ	21D TIME	(Month) (Doy)	(Yeor) (Hour)	21E. INJURY OCCURRED	21 F. H	OW DID INJUI	RY OCCUR?		
	OF INJURY (APPROX.)	9 19 66	10:45p	WHILE AT NOT W	WHILE X St	abbed do	uring alter	cation	
	22.	tify that I held a						-0.1	
							basis, deoth in m		
	resul	Ited fram: Natur	al causes	Accident Suicide	Homici	de X U	ndetermined manne	r	
		. 1,00.	, <	3 6/-	CHIEF M	EDICAL EXA	MINER	DAT	E SIGNED
	SIGNAT		ush.	5~ ( M.D.	ASSISTANT M	EDICAL EXA	MINER 🗵	DAI	L STORED
	EXAMIN	W -			ASSOCIATE M	EDICAL EX	AMINER	9/20	/66
	NAME (	T \	rner U. Sp	itz. M.D.					
23/	BURIAL CRE	MATION, 238. DA		C. NAME of CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, or county)	(Stote)
REA	AOYAL (Specif	01	29/101/	1 x 4 2 h: 11	Mr. as	14	and An	A/ n	
X	14400	7/0	41766	OF DECISION 1	01/1	1	pe co:	11.0	/
24/	PATE REC'D	BY HEALTH DEPT	248. NAME	OF REGISTRAR	O. FUNER	AL DIRECTOR	1)/	ADDRES	1
		CED OCH	000 000	A 30 B	THINA	and View	VI all Hono	31941	BORAGI I
VS	151-REV. 1/1/	765		12,12,148	· · · · · · · · · · · · · · · · · · ·	111	eray / mice	- in jsv	or s
		The second second				2 5 9			

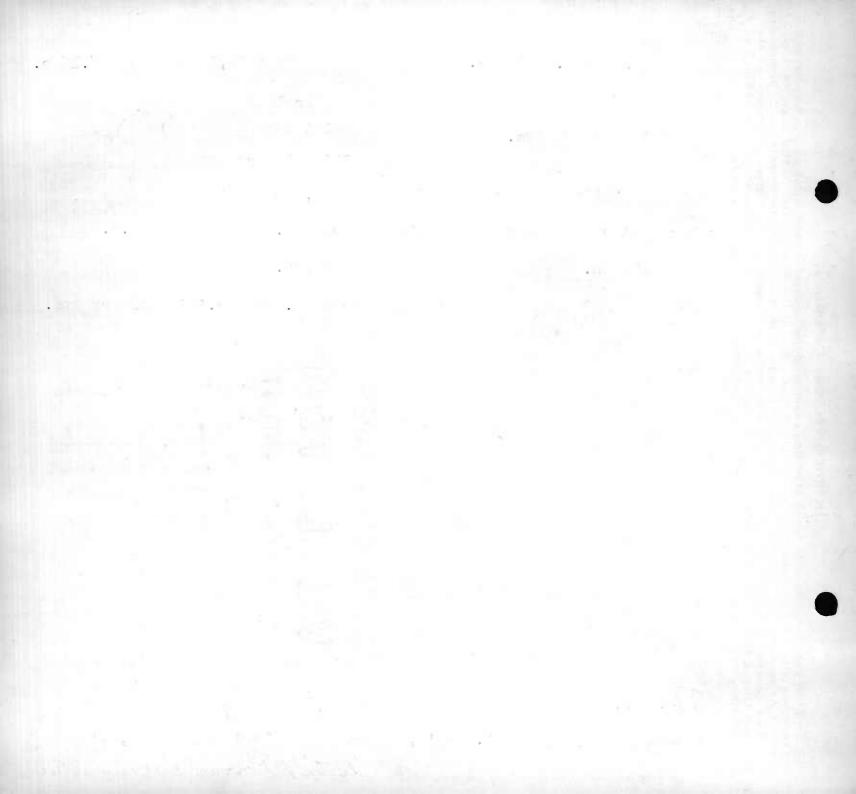
Aug 23 1941 Married Lakarer Construction Lumberbuilge W.C. Lula The the Lebber Millerin Stras E. Chara St. Sante Landillen - Hoeles 18

hospital

IMPORTANT

DIRECTOR:

FUNERAL

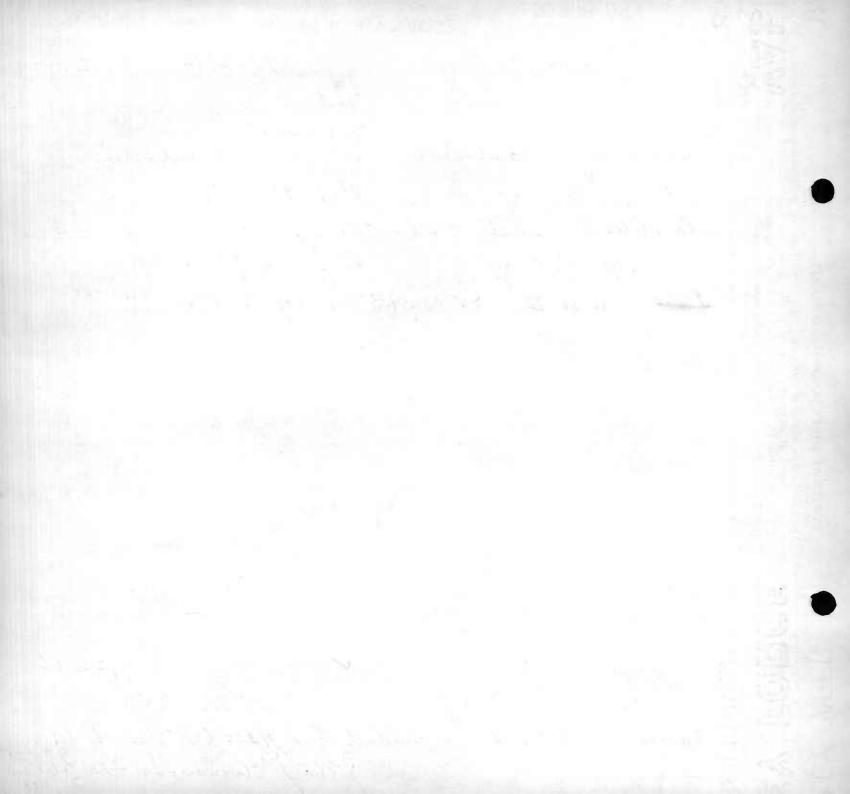


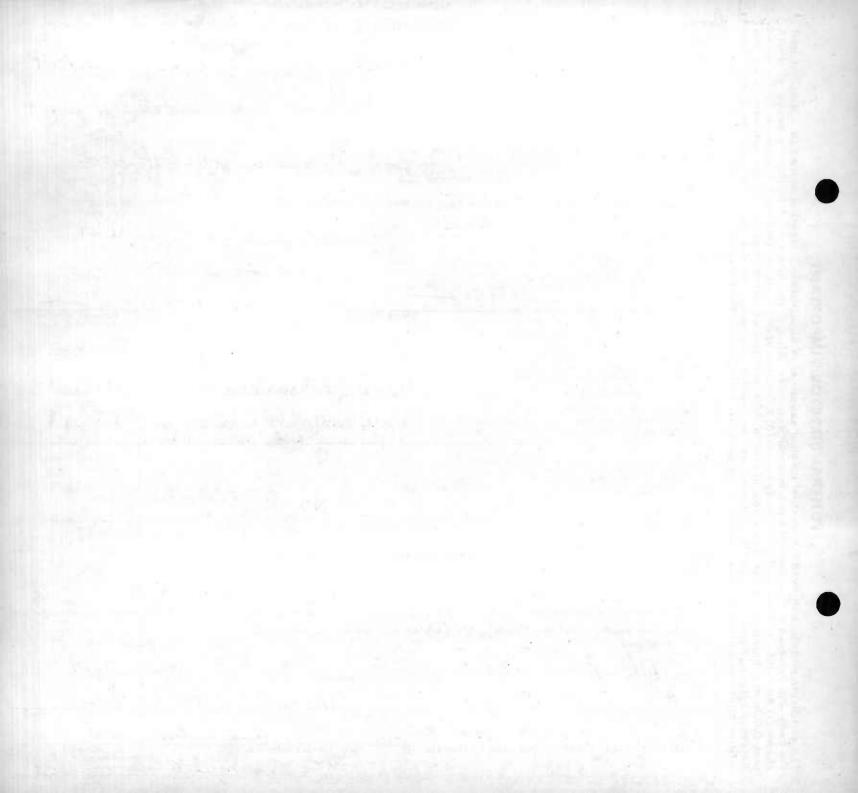
(Stote)

IMPORTANI

DIRECTOR:

medical





VS 150-REV. 1/1/65

3/188 3 14 CLE - 383 SE THE WAR THE HOPE EDILES - BATTLE AND CONGESTIVE HOMET FAILLINE ARTERIORELERCTIC HOME DIVING PRIBATETE CHREATH MILITER, A tight of the same of the same

IMPORTANT

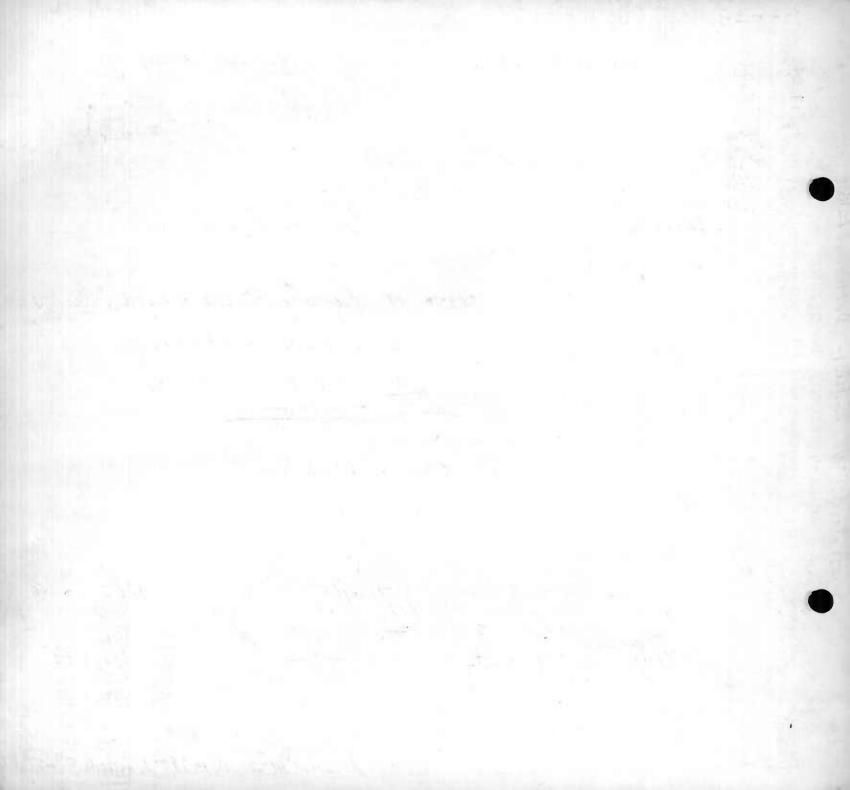
DIRECTOR:

FUNERAL

The state of the s LIPE TATION YOU'LL howard PAPER I PRECERTARY AND WHATEL SHAPE

BIRTH NO.  M.E. CASE NO.  1. NAME OF DECEASED	CERTIFICAT	TE OF DEATH	Registered Na.	66 U964U
(Type or Print)  3. PLACE OF DEATH IN BALTIMORE MARYLAND	4	4. USUAL RESIDENCE (Who A. STATE B. COUN	-66 1045 pro	   Ibtion: residence before odmissi
FULL NAME OF HOSPITAL OR address or location)  THE JOHNS HOPKINS HO		C. CITY OR TOWN (IF OU BALT IMORE	tside city limits, write RU	RAL and give (pwnship)
33		5 SOUTH BON	D STREET	
WIDOWE	D, DIVORCED (specify)	3. DATE OF BIRTH  11-8-21  11. BIRTHPLACE (State or fore	last birthday)	If Under 1 Yr. If Under 24 Months Days Hours Mir 12. CITIZEN OF WHAT COUNTRY?
ERNEST BRAXTON		CLINCIE E		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO. 24.3-28-/779 CAUSE OF	anoute 2	Bluent 143	20 a shland a
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	the contract of the contract o	con Artery	<u> </u>	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 211	HE Chronic	Alcoholism, 20A. AUTOPSY? (Yes or No YES or obout 21C. WHERE DID	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?  City, give exact location)
OR CONTRIBUTING CAUSE OF har etc  DEATH (natify medical examiner)  21D. TIME (Month) (Doy) (Year) (Haur) 21E  OF INJURY	me, farm, factary, street, offi )	21F. HOW DID INJ		
	the deceased from	26/66	19ta	9/17 1966
ond hour and fram the couses stoted obove. § 23A. SIGNATURE	(We) (did) (did) vI	ew the body ofter deoth.	Staff2	38. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) MURRAY A. KATZ	Phys.	Director Dir	HOPKINS HO	SPITAL
Interview 9,24.66 M	Daynt Call	250 UNERAL DIRECTOR	R F	town, or county) (State
SEP 2.6 1965 (1) P. VS 150-REV, 1/1/65	18 Jahren	Brillio HO.	enel 1529 8;	horth are B.

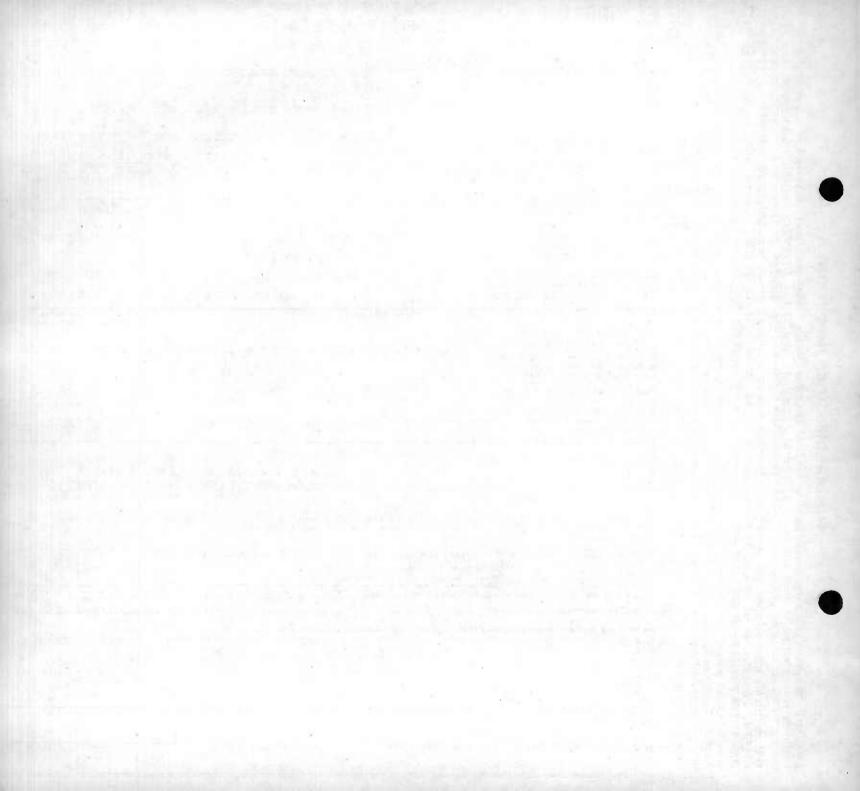
Released Nonmedical - Dr. Mornbluin



VS 150-REV. 1/1/65

a hospital and

BRITH NO.  M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution; residence before A. STATE B. COUNTY  Md., 21213  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  Mercy Hospital  D. STREET ADDRESS (If rurol, give location)					
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospitol or institution, give street oddress or location)  NSTITUTION  2. DATE AND HOUR OF DEATH  9/22/66  3. STATE  8. COUNTY  Md., 21213  C. CITY OR TOWN (If outside city limits, write RURAL and give toweshing the street of the state of th					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospitol or institution, give street oddress or location)  (If not in hospitol or institution, give street oddress or location)  Baltimore					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR INSTITUTION)  4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before A. STATE B. COUNTY  Md., 21213  C. CITY OR TOWN (If outside city limits, write RURL and give townships)  Baltimore					
FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)  (If outside city limits, write RUR) L and give towaching the street oddress or location.  (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)					
HOSPITAL OR INSTITUTION  C. CITY OR TOWN (If outside city limits, write RUR) one give townships altimore					
Baltimore Baltimore					
Manager Harmania					
Mercy Hospital					
The state of the s					
37 5003 E. Federal Street					
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. , If Under 1 Yr. )					
WIDOWED, DIVORCED (specify) (lost birthdoy) Months: Doys : Hours					
female white widowed 3/20/1888 78  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF					
done during most of working life, even if retired)					
Housewife at home Lithuania U.S.A.					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
Ramanauskas unknown					
and with					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.					
John Yokubinas, son,5101 Wright					
ONSET AND					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
IANTOUTE FULLY ONAFES EMBOLUS I DE					
heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.)					
ANTECEDENT CAUSES (BY HROMBOPHLEBITIS 5-7 D.					
DISEASES OR CONDITIONS if any giving					
rise to the above cause (A) stating the CARTERIOSCLEROTIC CARDIOVASCULAR					
UNDERLYING CONDITION lost.					
00/120					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Myccardial Nerrection  1-2 DA					
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?					
DEATH (notify medical examiner) etc.)					
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
OF INJURY  While At Not While					
(APPROX.) Work At Work					
22. I certify that (1) this hospital) attended the deceased from 9/2/1965 to 9/22					
0/22					
thoy (1) (we) lost saw the deceased alive on 19 6 and that In (my) (our) apinion death occurred					
and haur and from the couses stated above (1) (We) (did) (dld not) view the body ofter death.					
23A. SIGNATURE 23B. DATE, SIGNED					
J. Dure, Seiber M. D. Attending Med. Stoff Phys. Director Phys.					
23C. PHYSICIAN'S 23D. ADDRESS					
NAME (Type)					
S. BRULE (JERBER M. DM.D. 8045 WOODGATE V. DR.					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)					
REMOVAL (Specify)					
Burial 9/24/66 Gardens of Faith Cem. Baltimore, Md.					
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR FUNERAL Home, Inc.					
Schimunek Funeral Home, Inc.					



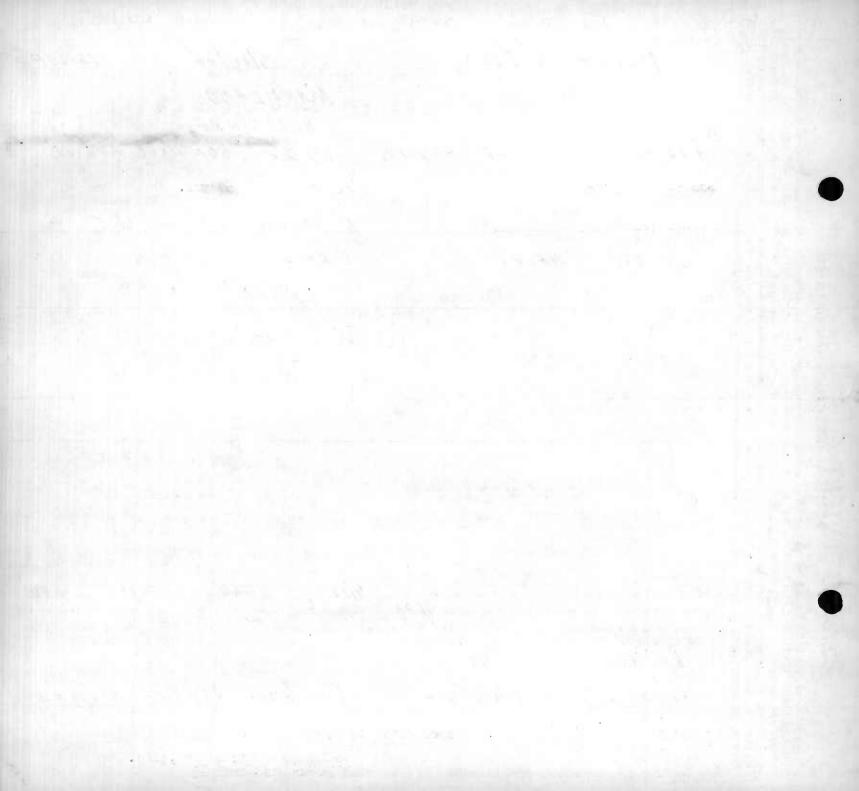
VS 150-REV. 1/1/65

a hospital and

66	()	9	6	4	2
00	-	1	-		

Regist	ered No.	66	09642
			O A C

BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No	· Storn no
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D, HOUR, OF DEATH	1
(Type or Print) THELMA	FREYER	91	21/66	12:30P M.
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admission)
FULL NAME OF (If not in hospital	or institution, give street	MARLII	A 1/1)	
	OSPITAL OR oddress or location)			RURAL and give township)
26			MORE	0 03
Franklin So	QUARE HOSPITH.	D. STREET ADDRESS	BONVI	rew AVE #13
S SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min,
female white	married	1/14/07	59 yrs.	
10A, USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)	108 KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
housewife	home	Bultimore	Md	4.5.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ΛE	
JOSEPH AM	UESL	GRACE	NORW.	000
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or date	ces? s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	a - huchand	ADDRESS
no	none	John A Treye	husband,	above
1B. /	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY	Laste Marian	andial	ONSET AND DEATH
LEADING TO DEATH	(A) CC	vulle [majora	oia ac	
(This does not meon the mode of heart foilure, ostherio, etc. it meons	the diseose,	· Lastian		
injury or complication which coused		in forces on		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if				
UNDERLYING CONDITION IOSI.				
, II				
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	ATED TO THE			
DISEASE OR CONDITION CAUSING	T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERI	E FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON			IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	elc.)	diffee blags, 1143 bki occok:		
D 21 D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh			
22. I certify that (I) (this hospita		9/18	0 66 00	9/21 1066
that (1) (we) last saw the decease	1/11	10 6 6 and the	at in (my) (aus) a	pinian death accurred an the date
and haur and fram the couses sta			ar m(my) (001) a	printed december on the date
23A. SIGNATURE	red dbdve. (i) (we) (did) (did hai)	view the body difer deoin.		23B. DATE SIGNED
D <sub>1</sub>	C M a . a . M.D. A	ttending Med. Director	Stoff Ph	
23C. PHYSIGIAN'S	S. Maguo M.D. A	23D. ADDRESS	Phy s.	
NAME (Type)	MAGNO M.D	Frankley	Saux	11 Horn &1
RAY MUNDO J	24C. NAME of CEMETERY of C		OCATION (	City, town, or county) (State)
REMOVAL (Specify)				
Burial SFP 9/24/6	6 Gardens of Fait	25C. FUNERAL DIRECTOR	Maryland	ADDRESS
	in a College	Schimunek Fu	neral Home,	Inc.
		3337 Brehme	1.2ne #1 4	

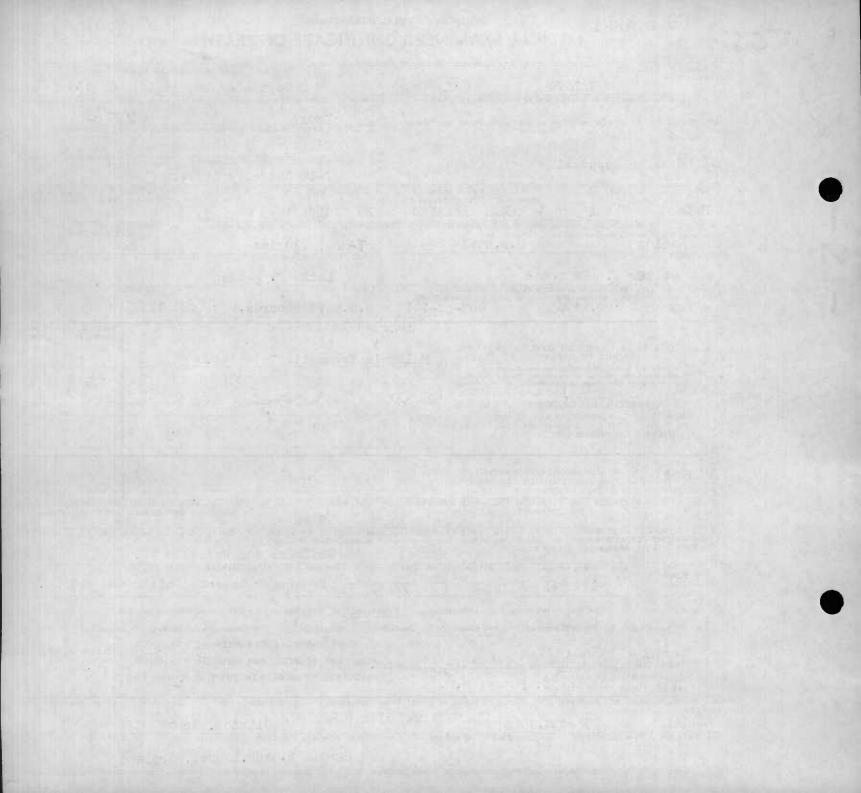


BALTIMORE CITY HEALTH DEPARTMENT

66	0	9	6	1	3	
J NI -	~~	~/	100	-All-	1	

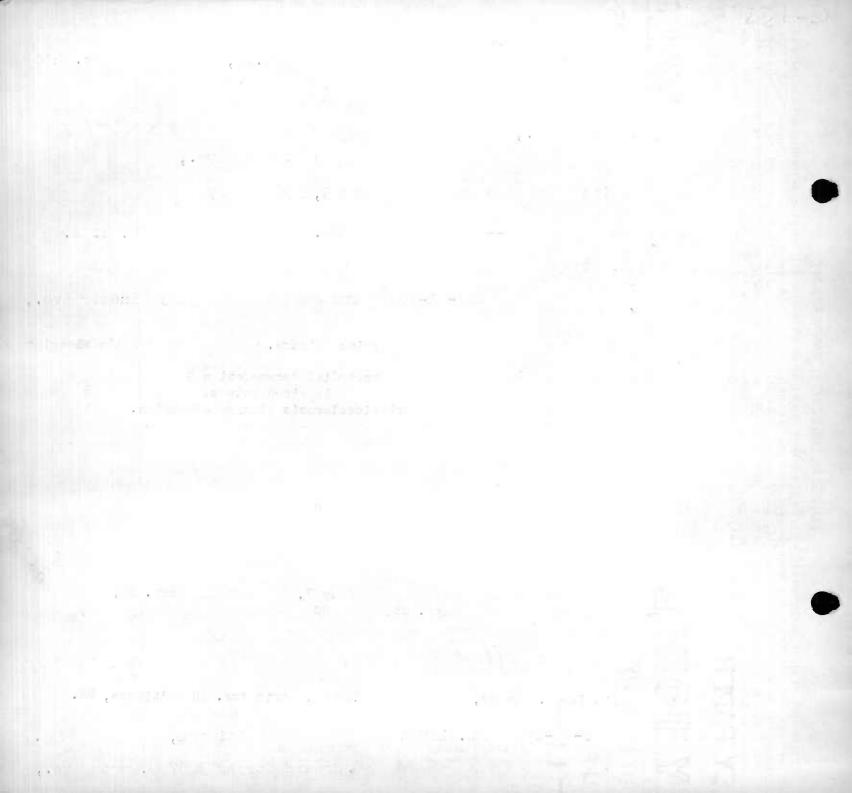
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registere

M.	E. CASE NO.	MEDI	CAL LA	CAMILITER O C		TE OF DEATH		
1.	NAME OF DEC	EASED			2. DATE AND HOUR PRONOUNCED DEAD			
l tiy	rpe or Print)	WALTER		KINNEMAN	September 18, 1966   4:50 A M.			
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY			
HIC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	WA OWN (If outside corporate limits, write	e RURAL ond give township)	
IIIN:	NOITUTITE				C1	inton		
4	Luther	an Hospital			D. STREET ADI	DRESS (if rurol, give locotion)		
0		•			24	16 Chauncey Street		
5.	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR	TH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
Male White NEVER MARRIED			26 Jun	y 13943 23				
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)				112	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	Sailo FATHER'S NAM		U.S.N	AVY	TAMPA,	Florida	USA	
13.	YY. 7. 1							
13.		er W. Kennem		16. SO CIAL	LO:		ADDRESS	
		2 Feb. 1965		\$ECURITY NO. 483-52-1414		Y Records, USS TIDEW		
	18.	104		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEA	SE OR CONDITION DII	RECTLY				ONSET AND DEATH	
	LEADING TO DEATH Multiple Traumatic Injuries.							
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthemia, etc. It means the disease, injury or complication which coused death.)							
	A	NTECENDENT CAUSE	:S					
		OR CONDITIONS, IF A		DUE TO	****			
_	UNDERLYIN	G CONDITION LAST.	IA III O I II E	(0)				
ŏ				(0)				
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
FI	DISEASE O	R CONDITION CAUSING OPERATION   198, CON		WHICH OPERATION	20A AUTOPS	Y? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED	
2	Colored .	WAS PERI			Ye	IN CERTIFYING CALL		
3	UNDERLYING	L CAUSE WAS XOR CONTRIB-	21 B. home	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C.	WHERE DID (If in Boltimore City, gi	ve exoct location)	
EDIC		SE OF DEATH.	etc.)	Street		itmore and Franklin	St. 20-02	
Σ	21D TIME OF INJURY	(Month) (Doy) (Year	Hour) 2	1E. INJURY OCCURRED		HOW DID INJURY OCCUR?		
	(APPROX.)	9 18 '66	A m. V	VHILE AT NOT	WHILE P	assenger in auto in	to fixed object.	
	22.	rify that I held an Ir	nquiry 🗌	Inspection Aut	opsy X or	nd that an this basis, death in r	ny apinian	
	resul	ted from: Natural cau	uses A	ccident X Suicid		cide Undetermined mann	er 🗌	
	ACTUAL	OI	,	//-		MEDICAL EXAMINER	DATE SIGNED	
	SIGNAT		auter )	Telly M.D.		MEDICAL EXAMINER X	9/18/66	
	EXAMIN NAME (	ER'S Charles S	S. Petty	, M.D.	ASSOCIATE	MEDICAL EXAMINER	9/10/00	
	A. BURIAL CRE			C. NAME OF CEMETERY		23D. LOCATION (City,	, town, or county) (Stote)	
	BURIAL	23 Sept	. 1966	CLINTON MEMOR	IAL PARK	Clinton, Iowa		
24	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNE	RAL DIRECTOR	ADDRESS	
				A 7. 12	Haro.	ld S. Wade, Laurel, Ma	ryland	
VS	151-REV. 1/1/	85L 2 2 1964		in the state of the				
			12			1 1 7		



BALTIMORE CITY HEALTH DEPARTMENT 66 09644 Registered Na.\_ CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH Sept. 23, 1966 | cir. 5:30 P<sub>M</sub>

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Nina May Chapman cir. 5:30 PM 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street Maryland address or location) (If outside city limits, write RURAL and give towns) Baltimore 3103 Windsor Ave.. D. STREET ADDRESS 3103 Windsor Ave. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours last birthday Wi dowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME Thomas E. Perry Nina Cannon 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO 9-01-7019 Nina June Chapman 3103 Windsor Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH while sheeping Cardiac failure. (This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which coused death,) Myocardial degeneration & impaired valves. ANTECEDENT CAUSES Arteriosclerosis with hypertension. DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work Work July 7. 1966 Sept. 23. 22. I certify that (I) (this haspitel) attended the deceased fram that (1) (we) last saw the deceased alive an Sept. 22, 19.66 and that in (my) (owe) apinion death accurred on the date and haur and fram the causes stated above. (1) (We) (did) (did) view the bady after death. 23 B. DATE SIGNED Attending Stoff Phy s. 23D. ADDRESS 3300 W. North Ave. 16 Baltimore, Md. M.D. Maurice E. Shamer, 24A, BURIAL CREMATION, 124B, DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) 9-26-1966 Mt.Olivet Baltimore Md. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR G. Howard Strong 3207 W. North VS 150-REV. 1844

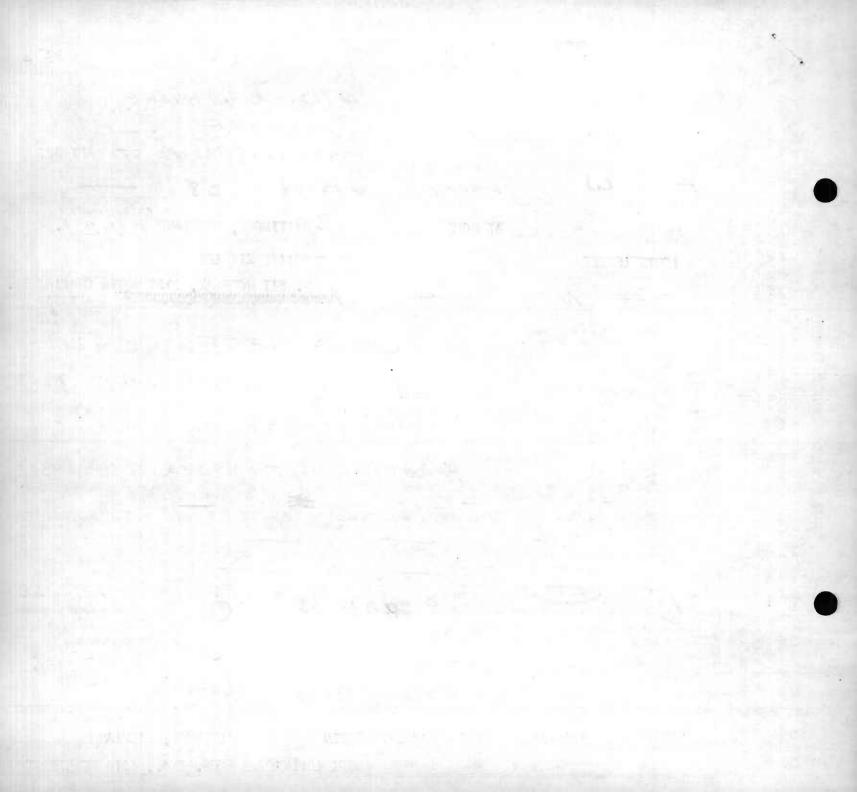


IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

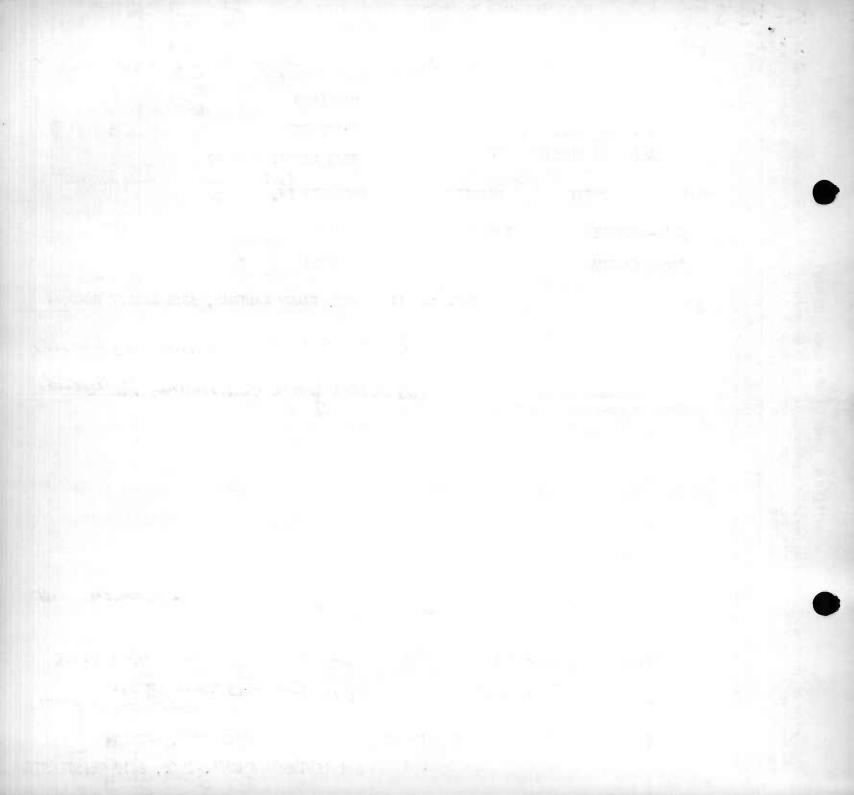


Such

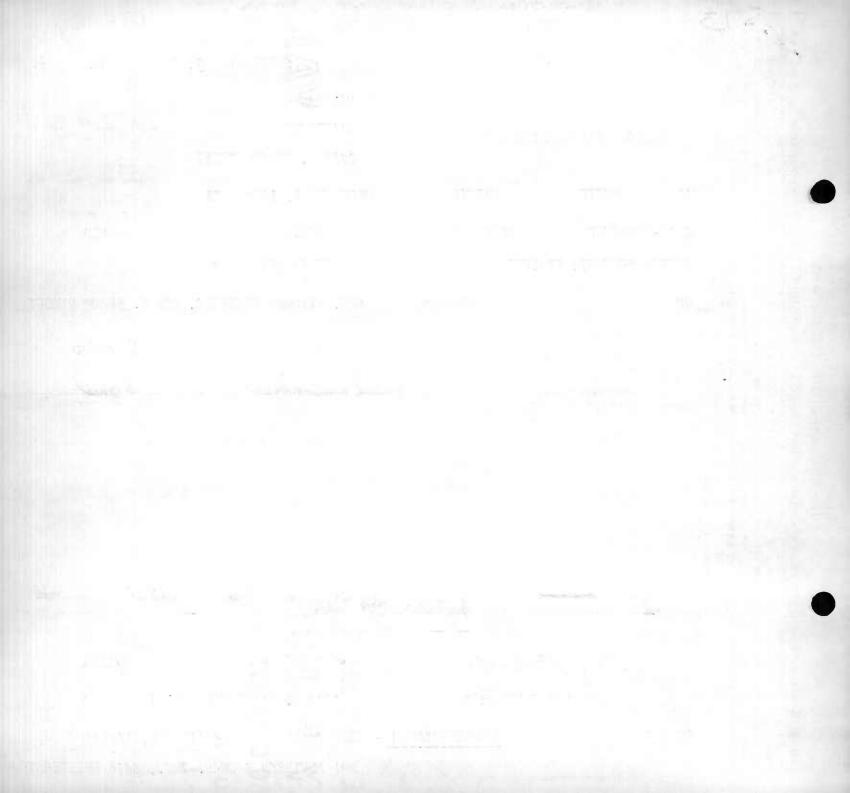
a hospital and

		BALTIMORE CITY	Y HEALTH DEPARTMENT	00 00010
BIRTH NO. M.E. CASE NO.	66 09	646 CERTIFICA	TE OF DEATH Registered No.	66_U9646
1. NAME OF DEC (Type or Print)	SAMUEI		2. DATE AND HOUR OF DEATH Deplomber 22	1966 3 8. m.
3. PLACE OF DEA	ATH IN BALTIMORE, N	MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If i	nstitution: residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospit oddress or loco	ol or institution, give street tion)	MARY LAND C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
460	1 PALL MALL	ROAD	BALTIMORE D. STREET ADDRESS (If rural, give location)	53-00
	LL MALL NURS		3305 MARNAT ROAD #9	
S. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. OATE OF BIRTH 1891 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE	WHITE	MARRIED  OF BUSINESS OR INDUSTRY	DECEMBER 24, 74	12, CITIZEN OF
done during most of	working life, even if retired		POLAND	WHAT COUNTRY?
13. FATHER'S NAM		INVENT	14. MOTHER'S MAIDEN NAME	
JACOB	KAUFMAN		RACHEL ?	
15. Was Deceased	Ever in U. S. Armed	Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		062-01-9816	MRS. FANNY KAUFMAN, 3305	MARNAT ROAD #9
DISEASES ( rise to the UNDERLYING)	LEADING TO DEAT not mean the made osthenia, etc. It meo nplication which caus ANTECEDENT CAUS DR CONDITIONS, it e above cause (A G CONDITION lost.	f ony, giving À) stoling the (C)	elastatu Josemona uclevgjave Jasemon	i 16 hyrithe
TO THE D	EATH BUT NOT RE	ELATED TO THE	1984 Augustus (V N) 900 Jr. ves Man	THE CONTRACTOR OF THE CONTRACT
E O	WAS P	ONDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
OR CONTRIBUTE OF	NT WAS UNDERLYING JTING CAUSE OF medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Baltima ffice bldg., INJURY OCCUR?	re City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes	or) (Hour) 21E. INJURY OCCURRED  While At Not White At Work  At Work		
that (I) (we)	last saw the decea	tal) attended the deceased fram (seed alive an (live) (did) (did nat)	2 2 19 6 and that in (my) (aur) ap	inian death accurred an the date
23A. SIGNATI	JRE		view the body differ deaths	23B, DATE SIGNED
6	Jeel (In	dull M.O. Att	tending Med. Staff Phys.	9-23-66.
23C. PHYSICIA NAME (1	(N'S Type) Ro	dull M.O. AH	6821 REISTERS POWNI	RAD LEVE
24A. BURIAL CRE		24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION	City, town, or county) (Stote)

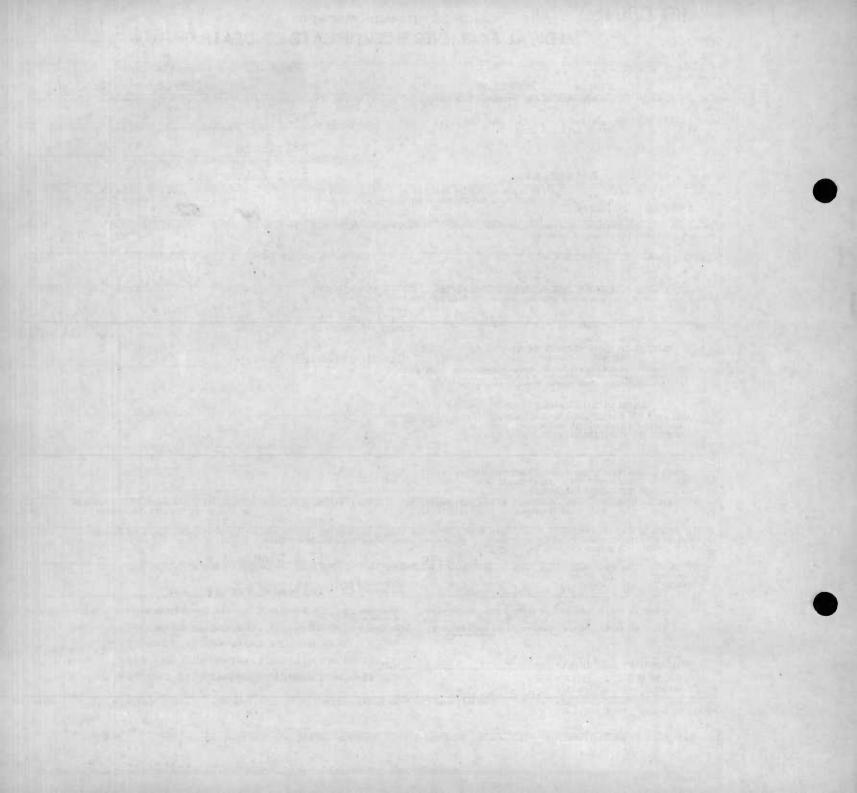
BURTAL 25A. DATE RECEPTAY 9/23/66 J MARY LAND ADDRESS 25C. FUNERAL DIRECTOR LEVINSON & BROS. INC., 6010 VS 150-REV. 1/1/65



V\$ 150-REV. 1/1/65



1	66 09648 BALTIMORE CITY HEALT	TH DEPARTMENT 66 09648		
C-616		RTIFICATE OF DEATH Registered No.		
	M.E. CASE NO.  T. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD		
	(Type or Print) Annie Crawford	0/10/66		
		9/19/66 / 1:43 p. M.  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)		
		A. STATE B. COUNTY Maryland		
		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
	INSTITUTION	Baltimore 3-0		
		D. STREET ADDRESS (If rurol, give locotion)		
	1713 Linden Ave.	2102 Bolton St.		
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.		
	female colored	7ll 2 1914 52		
	to A. USUAL OCCUPATION (Give kind of work los. KIND OF BUSINESS OR INDUSTRY) done during most of working life, even if retired)	11. SIRTHPLACE (Sinte or foreign country)  12. CITIZEN, OF WHAIT COUNTRY?		
	Dona during most of working the, even it retired)	NC V.S. P		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	Fild norwood	Lula Mc Millian		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
	219-22-07/3	They nowood 1800 Ellin St		
	18. CAUSE	OF DEATH ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY			
		niocerebral injury		
	this does not mean the mode of dying, e.g., bear failure, asthenia, etc. It means the disease, injury or complication which coused death.			
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO			
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
	(6)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	DISEASE OR CONDITION CAUSING IT.	LOGA AUTORONA (V. M. M. MOAD, IF, MED. MINDINGS, CONSIDERED		
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
	ZIA, EXTERNAL CAUSE WAS   218, PLACE OF INJURY (e.g., in	yes yes n or obout 21C. WHERE DID (If in Boltimore City, give exect lecotion)		
	OUNDERLYING WOR CONTRIB- home, form, foctory, street, off	fice bldg., INJURY OCCUR?		
	house	1713 Linden Ave,		
	OF INTURY			
		fell and struck head		
	22. I certify that I held on Inquiry Inspection Auto	opsy ond that on this bosis, death in my opinion		
	resulted fram: Natural causes Accident X Suicide	Homicide Undetermined manner		
	MID OIT	CHIEF MEDICAL EXAMINER DATE SIGNED		
	SIGNATURE MYMY SMC M.D.	ASSISTANT MEDICAL EXAMINER		
		ASSOCIATE MEDICAL EXAMINER 9/20/66		
	NAME (Type) Werner U. Spitz, M.D.	1000		
	23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, or county) (Stote)		
	Bunal 9/23/66 mt aule	in Ralty Md		
	24Å. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS		
	SEF 26 1966 A D. S. 2. Ma. G. M.	Her. G. Kelson 1348 N. Callon		
	VS 151-REV. 1/1/65 \ /			



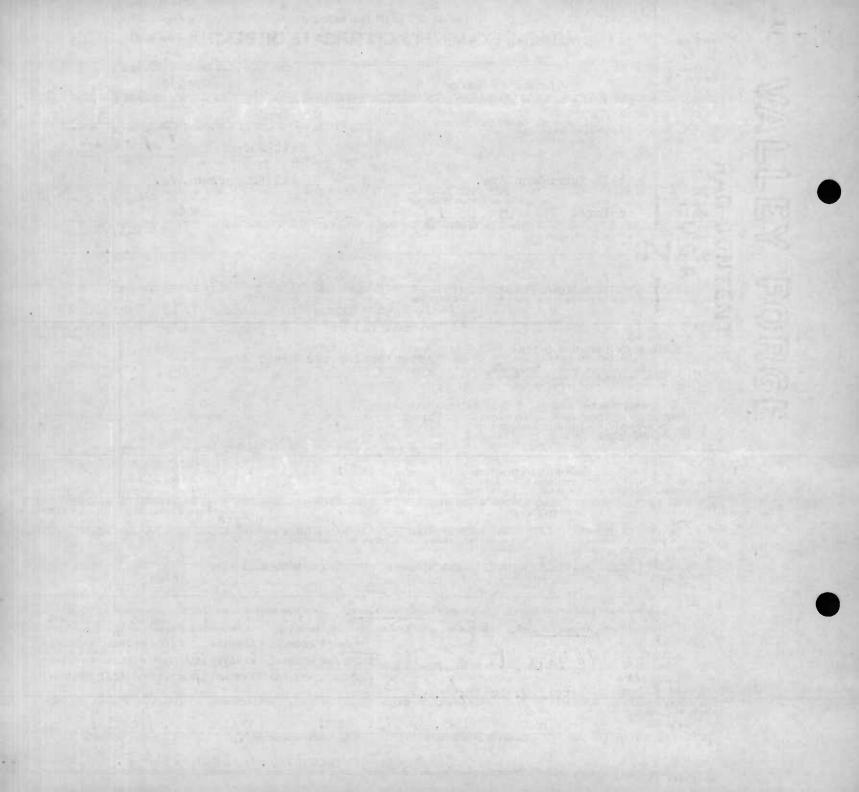
VS 150-REV. 1/1/65

FULL NAME OF HOSPITAL OR INSTITUTION	SED  VEST CLEAN  IN BALTIMORE, MARYLAN  (If not in hospitol or instance)	RENCE	9.		66 09649
FULL NAME OF HOSPITAL OR	HIN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (When	-22-66 e deceosed lived. If insti	1050 P
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or ins		4. USUAL RESIDENCE (Where	e deceosed lived. If insti-	tution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or ins				tution; residence before admissio
HOSPITAL OR	(If not in hospital or insoddress or location)	lianti	1		
HOSPITAL OR	oddress or location)		Marula	nd	
		motion, give sheet	C. CITY OR TOWN III out	side city limits, write RU	RAL wand give township)
UNIV	- 5 - 1-20 - 11		13altim	ore	503
	ERSITY (1)	05P	O. STREET ADDRESS (If I	rurol, give locotion)	0 # 1-
70	BAL	T, MD		sylvania 1	TVE //
SEX 6.		ARRIED, NEVER MARRIED (IDOWED DIVORCED specify)	8. DATE OF BIRTH 9/13/93	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Ooys Hours Min.
		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of wo	rking life, even if retired)		Maryland		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ΛE	
TT.	armand I'		Amazia Da	Trn o	
	ward West	1 6. SOCIAL	Amelia Pa	yne	ADDRESS
(es, no or unknown) (i	f yes, give wor or doles of s	SECURITY NO.			
		218005-6493	Evelyne Ro	binson 26	
18. 4	71/1	CAUSE O	FDEATH		ONSET AND DEATH
	OR CONDITION DIRECTLE		1	12	1. +1
	mean the mode of dyin	g. e.g., DUE TO	crebral insu	itticianc	/ monto
heart failure, as	sthenia, etc. II means the dicalian which caused deall	disease.	, ,	10,	1 , , ,
	ITECEDENT CAUSES	(B) Co	ngestive Lea	ert tailure	month
		OUE TO	0 1		1. 11
	abave cause (A) stati	ng The (C)	y o cardial	Intorct	1 kmon Th
UNDERLYING	CONDITION last.	(			
7	11	DIALITIALC			
E TO THE DEA	CANT CONDITIONS CONTI	TO THE			
	ONDITION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF C	WAS PERFORM	ED	<b>严</b> 5	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT	WAS UNDERLYING NG CAUSE OF	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore (	City, give exact tocotion)
V DEATH (notify n		home, form, foctory, street, of	nce bidg., INJURT OCCUR!		
21 D. TIME (	Month) (Doy) (Year) (Ho	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21 D. TIME ( OF INJURY (APPROX.)		While At Not While			
		Work Al Work		4 .	
22. I certify the	not (1) (this hospital) att	ended the deceased from	//	19 to 9	2 2 19 6 A
that (I) (we) f	st sow the deceased all	ive an 9-22	19 <u>6 6</u> and the	at in(my) (aur) opini	an death occurred on the d
ond hour ond	from the couses stated a	bove. (1) (We) (did) (did not) v	iew the body ofter death.		
0.0 4 6:000 400	4.			_	3B. DATE SIGNED
23A. SIGNATUR		M.D. Atte	s. Med. Oirector	Stoff Phys.	9-22-66
23A. SIGNATUR			23D. ADDRESS		
23C. PHYSICIAN	S				
69	Partna	м.о.	UNIV. HOSP.		
23C. PHYSICIAN NAME (Typ	3. Portno		UNIV. HOSP.	OCATION (City,	, town, or county) (State
23C. PHYSICIAN NAME (Type	Portnog	M.O.	UNIV. HOSR.		, ,
23C. PHYSICIAN NAME (Typ	8. Portnog ATION, 24B. DATE ecify) 9-27-66	M.O.	UNIV. HOSR.	ltimore, M	, town, or county) (Stotel aryland

3143 42 - 1 4 Bright M Brammer Del ON 125 H XT139 341/11 2613 Forms yluming Hee " L 098 -- ch EL 26/21/6 control insufficiency lander congestive least to wee I with mygrandial infant land B. Pertney

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE N		Latino.					
1. NAME OF (Type or Print)		h a a a	77-1-		2. DATE AND	HOUR PRONOUNCE	
2 PLACE IN	BALTIMORE, MARYLAND,	homas	Wade	M HEHAL BESID	ENCE (When I	9/21/60	L ///.
3. FEACE III	DALIMONG MARIENTO,	WHERE PRONO	NCLD DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					ryland	corporate limits, write	RURAL and give township)
INSTITUTION	ADDRESS ON LO	CATION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
				D. STREET ADDR	Baltimor		7-01
00	1/10 71	,					
S. SEX	1413 Edmo		NEVER MARRIED	B. DATE OF BIRTH		nondson Ave	If Under 1 Yr, If Under 24 Hrs.
			DIVORCED(specify)	b. DATE OF BIRT		9. AGE (In years lost birthday)	Months Doys Hours Min.
male	colored		orced	3-23-2	7	3.9	
	OCCUPATION (Give kind of wast of working life, even if retired		BUSINESS OR INDUSTI	YIII. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
			A CARLO STORY	IId.			U.S.A.
3. FATHER'S	NAME			14. MOTHER'S MA	AIDEN NAME		
				Li	llian	Wade	
	EASED EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT	12 11 2		ADDRESS
. co, no or onkii	755, give not of a	5.55 OF 36141C6/	219-28-160	O Lilli	an Watl	kins 1211	Widwood Pkwy.
18.	000			E OF DEATH			INTERVAL BETWEEN
70	8 61 0 I		CAO.	e or beam			ONSET AND DEATH
Di	SEASE OR CONDITION LEADING TO DEA	DIRECTLY	Arteri	osclerotic	heart d	disassa	
(This do	oes not meon the mode pilure, osthenia, etc. It med		DUE TO	OBCICIOCIC	iicart c	ilbease	
injury o	or complication which couse	d deoth.)					
DISEAS	ANTECENDENT CAU SES OR CONDITIONS, IF		(B)	***************************************			
RISE TO	THE ABOVE CAUSE (A)	STATING THE	DUE 10				
	RLYING CONDITION LAS	Ι.	(C)				
፬							
OTHER	SIGNIFICANT CONDITION	S CONTRIBUTII	NG				
E DISEAS	HE DEATH BUT NOT		HE				
-	E OF OPERATION 198. CO	ONDITION FOR	WHICH OPERATION	20A. AUTOPSY			IDINGS CONSIDERED
0	WAS P	ERFORMED		yes	"	N CERTIFYING CAUS	ES OF DEATH?
ZIA. EXTE	RNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.	in or obout 21C. W	HERE DID (IF	•	re exact location)
	NG OR CONTRIB- CAUSE OF DEATH.	home etc.)	, form, foctory, street,	office bldg. INJURY	OCCUR?		
T			15 IN. III O O O O I I I I I I	015.116	N		
OF INJUR	Y		1E. INJURY OCCURRED		M DID INJUR	er occur?	
(APPROX.)		m. V	VHILE AT NOT	WHILE			
22.	certify that I held an	Inquiry 🗆	Inspection A	ntopsy X and	4 h = 4 = m 4 h i =	basis, death in m	v eninien
re	esulted fram: Natural	auses X A	ccident Suic			ndetermined manne	r []
ACT	1/100	1	> 51		EDICAL EXA		DATE SIGNED
	NATURE /// S	ulh	- ( ~ (M.I	ASSISTANT ME	EDICAL EXA	MINER	
EXA	MINER'S Wern	er II Sni	tz. M.D.	ASSOCIATE M	EDICAL EXA	AMINER 🗌	9/22/66
ZA. BURIAL	CREMATION, 23B. DATE		C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (City,	town, or county) (State)
Buria		5-66 I	Balto. Nat'	1. Cem.	Bá	altimore,	Maryland
24A. DATE RE	C'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR		ADDRESS
			6 "F" 1	Coon	TO G I	Kelson 13/	48 N. Calhoun
VS 151-REV.	CED 0 40	- 6	- CARAMA	deor	50 U. 1	TOTPOH 19	To It. Octalioni



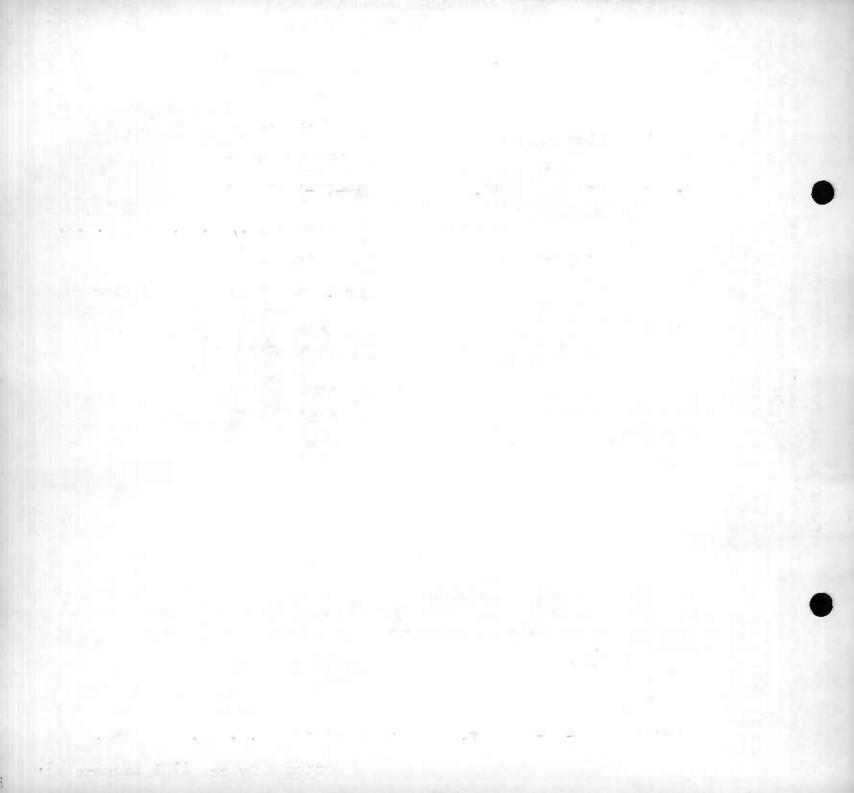
	03031		BALTIMORE CITY HE				66 0	9651
BIRTH NO. 6-1	6233 MED	ICAL EX	CAMINER'S	CERTIFICA	ATE OF	DEATH Registe	ered No.	7001
M.E. CASE NO.								
Type or Print)						ND HOUR PRONOUNC		
2 PLACE IN RAI	ROGER	HERE PRONOI	BENSON	I HELLAL BES		ember 24, 190 deceased lived. If inst		:15 Am.
S. FEACE III BA	TIMORE MARIEAND, W	HERE PRONO	NICED DEAD	A. STATE		B. COL	INTY	re odinission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		Maryland	l de corporate limits, write	RURAL and give to	wnship)
INSTITUTION					n - 1 - 1		11	1
100	1023 N. Stric	ker Str	eet		Baltimor	l, give location)	6	-
00					1023 N.	Stricker Str	reet	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BI	RTH	9. AGE (In years	ff Under 1 Yr. If	
Male	Colored	WIDO WED,	DIVORCED (specify)	(hua 9	1966	lost birthdoy)	Month's Doys H	ours , Min.
	CUPATION (Give kind of wor	KIND OF	BUSINESS OR INDUST	RY 11. BIRTHELAC	E (State or forei	gn cauntry)	12. CITIZEN OF	
done during most of	working life, even if retired)	-		Baltu	move.	Maryland	WHAT COUNT	RY?
13. FATHER'S NA	ME			14. MOTHER'S				
Kalf	Jones			Glori	a Ben	uson		
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS	
res, no or unknow	n) (If yes, give wor or dote	es of services	SECORITI NO.	Mrs Ms	r. Ron	100	3 Stricke	127
1B.	6 4 V		CALL	SE OF DEATH	rig iden	12011 100		L BETWEEN
- 10 D	/ P / / I		940	or beatti				AND DEATH
DISEA	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	Inter	rstitial I	Doumoni	tis (SDII)		
(This does	not mean the mode of	dying, e.g.,	DUE TO	- 2 - T - T - T - T	TIE WINDILL.	CTS (DDIT)		
injury or c	e, osthenia, etc. It meons omplication which coused	death.)						
	ANTECENDENT CAUSE	ES	481					
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	×××++0000××+00000000000000000000000000		o+ - coo o coo o + coo o coo o + * co+ +	······································	***************
UNDERLY	ING CONDITION LAST.	TAIN O III						
<u>8</u>			(C)					
OTHER SIG	II  SNIFICANT CONDITIONS	CONTRIBUTION	NG.					
TO THE	DEATH BUT NOT RE	LATED TO T	HE					
	F OPERATION 198, CON	IDITION FOR	WHICH OPERATION	20A. AUTOP	SY? (Yes or No	208. IF YES, WERE FI		D
ס	WAS PER	FORMED			Yes	IN CERTIFYING CAU	SES OF DEATH?	Yes
ZIA, EXTERN.	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.	, in or obout 21 C.	WHERE DID	(If in Boltimore City, gi	ve exoct location)	100
UNDERLYING UTING CA	USE OF DEATH.	etc.)	, form, foctory, street,	omce sidg., INJU	INT OCCUR!			
210 TIME	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21F.	HOW DID INJ	URY OCCUR?		
OF INJURY (APPROX.)		v		WHILE				
22.		V	VORK L AT	WORK				
	rtify that I held on I	nquiry	Inspection A	utopsy 🛆 o	ond that on th	nis bosis, deoth In m	ny opinion	
resu	Ited from: Natural co	uses A	ccident Suici	de Homi	cide 🗌	Undetermined monn	er _	
	·				MEDICAL E		DATE	SIGNED
SIGNA		lester	my M.	D. ASSISTANT	MEDICAL E	XAMINER X	DATE	0.0
EXAMI	NER'S Rudi	iger Bre	itenecker, M				9/2	24/66
NAME	(Type)							
23A. BURIAL CR		// 23	C. NAME OF CEMETERY	OF CREMATORY	23 D.	LOCATION (City,	, town, or county)	(Stote)
Burre	il 1-21-	66	Mount (lu	buRN (en	7. 6	altimore.	md.	
24A. DATE REC'E	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUN	ERAL DIRECTO	R	ADDRESS	
	PED 0.0 4000		0 Z. 7	mar	ton E 1	MoH F.H	1701 44	Rens
VS 151-REV. 1/1			7 5270 PM	IIIOV	10110	Jen III.	1 10 1 Lav	VCIA?

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



RECASE NO.  I. NAME OF DECEASED  Type or 19th  ARMEL 7A	66 09653	BALTIMORE CITY	HEALTH DEPARTMENT		00 11006
NAME OF DECEASED   ARMELIAND   ARMELIAND   ARMED OF STATES   ARM	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	<u></u>
EACE OF DATH IN BATIMORE, MARILAND  ALLE NAME OF Ill not in baspilled or institution, give sheet defense of technical institution of defense or technical institution or subsendently inst	NAME OF DECEASED	1 1	2. DATE AN	D HOUR, OF DEATH	0.0
FULL NAME OF IN THE PARTY OF INTERVAL BY INDICATE STATES ACCOUNTER CONTINUOUS CONTINUOUS IN THE STATES ACCOUNTER CONTINUOUS CONTINUOUS IN THE STATES ACCOUNTER CONTINUOUS CONTIN	Type or Pilati	WARNE	e 9/2	3/66	953
BUELASE OR CONDITION DIRECTLY LEADING TO DEATH This das no mem the mode of dyng, e.g., beat failure, give and of the distress of the course of	PLACE OF DEATH IN BALTIMORE, MARYLAND	P - /////	4. USUAL RESIDENCE (When		stitution: residence before odm
DISEASE OR CONDITION S. if any, giving rise of hobove cases (A) solving the stockers which covered deshills.  DISEASE OR CONDITIONS, if any, giving rise to hobove cases (A) solving the babeve case (A) solving to the babeve case (A) solving the babeve case (A) solving the UNDERLYING CONTRIBUTING TO THE BATH BUT NOT SELATED			1 1	TY /	7/ 7
INSTITUTION  Memorial Hospital  D. STREET ADDRESS III rook, ave location of which will be added to the company of the company	FULL NAME OF (If not in hospital or institution, gr	ve street			16000
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, a.g., interest solution which claused desth.]  DISEASE OR CONDITIONS, if only, giving are to flow thin the solution of th			C. CITY OF TOWN (IF out	Iside city limits, write	RURAL and give township)
SEX   6. BACE   7. MARBIED, NEVER MARRIED   8. DATE OF BIRTH   7. ADE III years   101 birthday   Months   Days   Hours   8   3   3   Months   Days   Hours   8   3   Months   Days   Hours   8   3   Months   Days   Hours   8   3   Months   Days   Hours   101 birthday   Months   Days   Hours   Months   Days   Days   Months   Days   Months   Days   Days   Months   Days   Days   Months   Days   Days   Days   Days	111 $11$	1/ 4.1			
SEA SEA SEA OF CONDITION DIRECTLY LEADING TO BEATH  DISEASE OR CONDITION AUSTE OF BATH  ANTECEDENT CAUSE OF CONTRIBUTING  THE SIGNIFICANT CONDITION S. If only, giving nise to the obove couse (A) stoling the work of couse of stoling of the obove couse (A) stoling the work of couse of stoling of the obove couse (A) stoling the work of the obove couse (A) stoling the UNDERLYNG CONDITION OST.  JEAN THEE SIGNIFICANT CONDITION S. CONTRIBUTING  THE SIGNIFICANT CONDITION S. If only, giving nise to the obove couse (A) stoling the UNDERLYNG CONDITION OST.  THE SIGNIFICANT CONDITION S. CONTRIBUTING  TO THE DEATH SUNDICION CONTRIBUTING  TO THE DEATH SUNDICION CONTRIBUTING  OF CONTRIBUTING CONDITION S. If only, giving nise to the obove couse (A) stoling the UNDERLYNG CONDITION OST.  THE SIGNIFICANT CONDITION S. CONTRIBUTING  OF CONTRIBUTING CONDITION S. If only, giving nise to the obove couse (A) stoling the UNDERLYNG CONDITION OST.  THE SIGNIFICANT CONDITION S. If only, giving nise to the obove couse (A) stoling the UNDERLYNG CONDITION OST.  THE SIGNIFICANT CONDITION S. CONTRIBUTING  OF CONTRIBUTING CONDITION S. If only, giving nise to the obove couse (A) stoling the UNDERLYNG CONDITION OST.  THE SIGNIFICANT CONDITION S. CONTRIBUTING  OF CONTRIBUTING CONDITION S. If only, giving nise to the obove couse (A) stoling the UNDERLYNG CONDITION S. If you seemed the deceased of the obove couse (A) stoling the UNDERLYNG CONDITION S. If you seemed the deceased of the obove couse stored obove the obove of the obove couse stored obove the obove of the obove of the obove obove the obove obove the obove of the obove obove the obove of the obove obove obove the obove of the obove obove the obove o	INION IlleMORIAL	1705p.11	D. STREET ADDRESS	1 1	1.00
ANJAL OCCUPATION (Give kind of work) 100 KIND OF BUSINESS OR INDUSTRY 11. BETITIZACE (Stole or foreign cognity)  ANJAL OCCUPATION (Give kind of work) 100 KIND OF BUSINESS OR INDUSTRY 11. BETITIZACE (Stole or foreign cognity)  ANJAL OCCUPATION (Give kind of work) 100 KIND OF BUSINESS OR INDUSTRY 11. BETITIZACE (Stole or foreign cognity)  ANJAL OCCUPATION (Give kind of work) 100 KIND OF BUSINESS OR INDUSTRY 11. BETITIZACE (Stole or foreign cognity)  ANJAL OCCUPATION (Give kind of work) 100 KIND OF BUSINESS OR INDUSTRY 11. BETITIZACE (Stole or foreign cognity)  ANJAL OCCUPATION (Give kind of work) 100 KIND OF BUSINESS OR INDUSTRY 11. BETITIZACE (Stole or foreign cognity)  ANJAL OCCUPATION (Give kind of work) 100 KIND OF BUSINESS OR INDUSTRY 11. BETITIZACE (Stole or foreign cognity)  ANJAL OCCUPATION (Give kind of work) 100 KIND OF BUSINESS OR INDUSTRY 11. BETITIZACE (Stole or foreign cognity)  BUSINESS OR CONDITION DIRECTLY  LEADING 10 DEATH  ONE AND OCCUPATION (Give kind of work) 100 KIND OCCUPATION (Give kind of kind of kind occupation which coused death).  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if only, giving rise to the above couse (A) stoling the UNDERLYING CONDITION (CAUSING II).  DISEASE OR CONDITION (Stole or other properties)  ANTECEDENT CAUSES  DISEASE OR CONDITION (Stole or other properties)  ANTECEDENT CAUSES  DISEASE OR CONDITION (Stole or other properties)  ANTECEDENT CAUSES  DISEASE OR CONDITION (Stole or other properties)  ANTECEDENT WAS UNDERLYING (COUTRED)  DISEASE OR CONDITION (CAUSING II)  DISEASE OR CONDITION			3722 1	UNGALE	Ave.
DISCASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not member to cover a condition which coused death)  ANTICEDENT CAUSES  DISCASE OR CONDITIONS. CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISCASE OR CONDITION S. CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISCASE OR CONDITION New Couse (a) stoling the UNDERLYING CONDITION (Sub)  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (				9. AGE (In years	Months Doys Hours
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (Ithis does not mean the mode of dying, e.g., hout foliate incovered death).  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (Ithis does not mean the mode of dying, e.g., hout foliate incovered death).  DISEASE OR CONDITION S, if envy, giving inside the above cause (A) stoling the UNDERLYING CONDITION TO THE UNDERLYING CONDITION TO THE UNDERLYING CONDITION TO THE UNDERLYING CONDITION TO THE UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED  DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  21.4. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED  DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  22.1. CERTIFY that (\$Mathematical Property of the comminded of	Fairla 11/4 to 1111	wed	1/85/93	73	
3. FATHER SHAME  14. MOTHERS MANNE  14. MOTHERS MANNE  15. Wes Deceased Ever in U. S. Armed Forces?  16. SOCIAL MARCH AND  17. INFORMANT  ADDRESS  18. O CAUSE OF CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart forces), injury or complication which coused death, and the deceased form of the DEATH BUT NOT SELATED TO THE  UNDERLYING CONDITION (as I only, giving rise to the obove couse (A) stoling the UNDERLYING CONTIBUTING TO THE DEATH BUT NOT SELATED TO THE DEATH BU	OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHIFLA CE (State or forei	gn country)	12. CITIZEN OF
3. PATHERS NAME    14. MOTHERS MADE NAME   15. MAME PROCEST   16. SOCIAL SECURITY NO.   220-30-6118   17. INFORMANT   ADDRESS   18.   19.			Marila	1	WHAT COUNTRY?
S. WEST DESCRIPTIONS OF PRINCIPLE STORMS OF CONTRIBUTING TO PERATION (S) SECURITY NO.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head foliage, injury or complication which coused death.)  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if only, giving rise to the above couse (A) stabling the UNDERLING CONDITION IS.  INTERVAL BETY ONSET AND O DISEASES OR CONDITIONS, if only, giving rise to the above couse (A) stabling the UNDERLING CONDITION IS.  INTERVAL BETY ONSET AND O DISEASES OR CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF WHICH OPERATION (C) DISEASES OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING (C) DISEASE OF DEATH?  21A. ACCIDENT WAS UNDERLYING (C) Hour DISEASE OF DEATH?  21A. ACCIDENT WAS UNDERLYING (C) Hour DISEASE OF DEATH?  21A. ACCIDENT WAS UNDERLYING (C) Hour DISEASE OF DEATH?  21B. PLACE OF INJURY (c,g., in or obout 21C. WHERE DID (N) CERTIFYING CAUSES OF DEATH?  21C. DISEASE OR CONTRIBUTION (C) Hour DISEASE OF DEATH?  21C. TOWN OF MALE WAS UNDERLYING (C) Hour DISEASE OF DEATH?  21C. TOWN OF MALE WAS UNDERLYING (C) Hour DISEASE OF DEATH?  21A. ACCIDENT WAS UNDERLYING (C) Hour DISEASE OF DEATH?  21B. PLACE OF INJURY (c,g., in or obout 21C. WHERE DID (N) CERTIFYING CAUSES OF DEATH?  21C. TOWN OF MALE WAS UNDERLYING (C) HOUR DISEASE OF DEATH?  21A. ACCIDENT WAS UNDERLYING (C) Hour DISEASE OF DEATH?  21A. ACCIDENT WAS UNDERLYING (C) Hour DISEASE OF DEATH?  21A. ACCIDENT WAS UNDERLYING (C) Hour DISEASE OF DEATH?  21B. PLACE OF INJURY (c,g., in or obout 21C. WHERE DID (N) CERTIFYING CAUSES OF DEATH?  21C. TOWN OF THE COUNTY (C) AND COUNTY (C) ON COUNTY (C) ON COUNTY (C) ON COUNTY (C) ON COUNTY (C)		Home	MARUIAN	74	United STA
S. Wes Deceased Even in U. S. Amad Forces?    S. SOCIAL   S. CONDITION DIRECTLY   S. CAUSE OF	3. FATHERS NAME		14. MOTHERS MAIDEN NA	WE	
Expose processed Ever in U. S. Amad Forces?  (exp. no rynknown) (If yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart filling or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if only, giving rise to the above couse (A) sloting the UNDERTING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERTRING CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. AUTOMOTY (Tes or No.)  21A. ACCIDENT WAS UNDERLYING AUTOMOTY (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING CONDITION CONSIDERED IN CERTIFIED CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING CONDITION CONSIDERED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING CONDITION COURSED ON CONSIDERED IN CERTIFIED CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING CONDITION CONSIDERED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING CONDITION COURSED ON CONSIDERED No. (Month) (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING COURSED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING COURSED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING COURSED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING COURSED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING COURSED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING COURSED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING COURSED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING COURSED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING COURSED No. (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING COURSED No. (Month) (Doy) (Year) (Hour)  21A. EXCIDENT WAS UNDERLYING COURSED NO. (Month) (Doy) (Year) (Hour)  21A. EXCIDENT WAS UNDERLYING COURSED NO. (Month) (Doy) (Year) (Hour)  21A. EXCIDENT WAS UNDERLYING COURSED NO. (Month) (Month) (Doy) (Year) (Hour)  21A. EXCIDENT NO. (MONTH) (MONTH) (MONTH) (MONTH) (MONTH) (MON	William FAhRMAN	/	MARGARI	ST /	AHNER
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart following, estimating, est, the control of	5. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL		-	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mede of dying, e.g., heart foliuse, ashenia, etc., It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) staling the UNDERLYING CONDITION to st.  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFINING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING DATE OF CONTRIBUTING CONSIDERED IN CERTIFINING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  DEATH (notify medical examine)  21C. This (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While AI Work Wile AI Work AI			P.1. 1.	01 1	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heart foliuse, astheroin, etc., It means the disease, injury or complication which caused death.]  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION to St.  OTHER SIGNIFICANT CONDITION SCONTRIBUTING DISEASE OR CONDITION CAUSING THE DISEASE OR CONDITION CAUSES OR DEATH?  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID IN CERTIFYING CAUSES OR DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID IN CERTIFYING CAUSES OR DEATH?  21C. TIME (Month) (Doy) (Year) (Hour 21E, INJURY OCCUR?  While AI Work While WAS PERFORMED  21D. TIME (Month) (Doy) (Year) (Hour 21E, INJURY OCCUR?  While AI Work While WAS PLACE OF INJURY (e.g., in or obout 21C, WHERE DID IN CERTIFYING CAUSES OR DEATH?  21D. TIME (Month) (Doy) (Year) (Hour 21E, INJURY OCCUR?  While AI WORK WAS PERFORMED  21D. TIME (Month) (Doy) (Year) (Hour 21E, INJURY OCCUR?  While AI WORK WAS PERFORMED  21D. TIME (Month) (DOY) (Year) (HOUR 21E, INJURY OCCUR?  WHILE DIS ABOVE THE DIS ABOVE THE DID INJURY OCCUR?  WHERE DID ABOV			[ATIENTS	(NAR!	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., head folium, splanning, etc.) It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving rise to the above cause (A) stoling the UNDERLYING CONDITION To THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION AUSING IT.  21 A. ACCIDENT WAS UNDERLYING WAS PERFORMED  22 (A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  23 (A. ACCIDENT WAS UNDERLYING CAUSE OF INJURY (e.g., in or about 21 C. WHERE DID DEATH Indity medical examined)  22 (A. ACCIDENT WAS UNDERLYING CAUSE OF INJURY OCCURRED OF INJURY OCCUR?  23 (A. ACCIDENT WAS UNDERLYING CAUSE OF INJURY OCCURRED OF INJURY OCCUR?)  24 (A. PROX.)  25 (A. ACCIDENT WAS UNDERLYING CAUSE OF INJURY OCCURRED OF INJURY OCCUR?)  26 (A. ACCIDENT WAS UNDERLYING CAUSE OF INJURY OCCURRED OF INJURY OCCUR?)  27 (A. ACCIDENT WAS UNDERLYING CAUSE OF INJURY OCCURRED OF INJURY OCCUR?)  28 (A. ACCIDENT WAS UNDERLYING CAUSE OF INJURY OCCURRED OF INJURY OCCUR?)  29 (A. ACCIDENT WAS UNDERLYING CAUSE OF INJURY OCCURRED OF INJURY OCCUR?)  20 (B. B. C. CAUSE OF INJURY OCCURRED OF INJURY OCCUR?)  21 (A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?)  22 (A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?)  23 (B. PLACE OF INJURY OCCURRED ON INTURY OCCUR?)  24 (A. BURK) MASS CAUSE OF INJURY OCCURRED ON INTURY OCCUR?  25 (A. WORK CAUSE OF INJURY OCCUR?)  26 (A. WORK CAUSE OF INJURY OCCUR?)  27 (A. WORK CAUSE OF INJURY OCCUR?)  28 (A. BURK) MASS CAUSE OF INJURY OCCURRED ON INTURY OCCUR?  29 (A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?)  20 (A. ACCIDENT WAS UNDERLYING CONSIDERED ON INTURY OCCUR?)  21 (A. ACCIDENT WAS UNDERLYING CONSIDERED ON INTURY OCCUR?)  22 (A. ACCIDENT WAS UNDERLYING CONSIDERED ON INTURY OCCUR?)  21 (A. ACCIDENT WAS UNDERLYING CONSIDERED ON INTURY OCCUR?)  21 (A. ACCIDENT WAS UNDERLYING CONSIDERED ON INTURY OCCUR?)  22 (A. ACCI	11B. 260XI	CAUSE	F DEATH		ONSET AND DEA
(This does not mean the mode of dying, a.g., heart failure, asthemic, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DUT NOT RELATE			1. 17	1	חמים /
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH Incidence of the deceased for the deceased for the deceased from the decea		(A) MUd	CARGIA/ -	NTARCTION	J /LIN
Injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A_DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFOR		DUE TO			
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION					
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.    Intermediate the property of the Disease or conditions contributing to the party and the first of the UNDERLYING CONDITION CAUSING IT.    Intermediate the property of the Death But not related to the Disease or condition causing it.    Intermediate the property of the Death But not related to the Disease or condition causing it.    Intermediate the property of the Death But not related to the Deat	ANTECEDENT CAUSES		**********************		
UNDERLYING CONDITION lost.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF CONDITION CAUSING IT.   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OF CONDITION CAUSING IT.   OTHER DISEASE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?   19A. DATE OF OPERATION   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?   21B. PLACE OF INJURY OCCUR?   21D. TIME   21D. TIME	DISEASES OR CONDITIONS, if ony, giving		///	1/ /	400
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT.  10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11 A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID DEATH (notify medical examines)  21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID DEATH (notify medical examines)  21 D. TIME (Month) (Day) (Year) (Hour)  22 D. TIME (Month) (Day) (Year) (Hour)  23 D. ADDRESS  THE UNION MEMORIAL HOSPITAL  23 D. ADDRESS  THE UNION MEMORIAL HOSPITAL  24 D. LOCATION (City, town, or county)  Burial  24 D. LOCATION (City, town, or county)  Burial	rise to the above couse (A) stating the	(C) //	Abetes Me	11.703	1/925
TO THE DEATH BUT NOT RELATED TO THE HOPEN TON SOME STATE OF CASION DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. ACCIDENT WAS UNDERLYING   CAUSES OF DEATH?  10 A. ACCIDENT WAS UNDERLYING   CAUSES OF DEATH?  11 DISEASE OR CONDITION CAUSES OF DEATH?  12 A. ACCIDENT WAS UNDERLYING   CAUSES OF DEATH?  12 A. ACCIDENT WAS UNDERLYING   CAUSES OF DEATH?  13 A. ACCIDENT WAS UNDERLYING   CAUSES OF DEATH?  14 A. BURNEL CREMATION, 19 COURTED   CAUSES OF DEATH?  15 A. ACCIDENT WAS UNDERLYING   CAUSES OF DEATH?  16 IN CERTIFYING CAUSES OF DEATH?  17 A. ACCIDENT WAS UNDERLYING   CAUSES OF DEATH?  18 DEATH (notify medical examine)  19 A. ACCIDENT WAS UNDERLYING   CITY, give exact location   City, lown, or county)   Courter   City, give exact location   City, lown, or county)   Courter   City, give exact location   City, lown, or county)   Courter   City, lown, or county)	UNDERLYING CONDITION lost.				
TO THE DEATH BUT NOT RELATED TO THE HOPE TONS ON 10 10 10 10 10 10 10 10 10 10 10 10 10	_ II				
19.A. DATE OF OPERATION  19.B. CONDITION FOR WHICH OPERATION  20.A. AUTORSY? (Yes or No)  20.B. IF YES, WERE FINDINGS CONSIDERED  IN CERTIFYING CAUSES OF DEATH?  21.A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF  DEATH (notify medicol exominet)  21.D. TIME  OF INJURY  (APPROX.)  21.D. TIME  (Month) (Doy) (Year) (Hour)  21.D. TIME  (APPROX.)  22. I certify that (*) (this haspital) attended the deceased from  that (*) (we) lost saw the deceased alive an  and haur and fram the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to the deceased from the causes stated above. (*) (We) (did) (did to	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Huma	11 /		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (*) (this hospital) attended the deceased from and haur and fram the causes stated above.  23. SIGNATURE  23. SIGNATURE  24. BURIAL CREMATION, REMOVAL (Specify)  24. BURIAL CREMATION, REMOVAL (Specify)  24. BURIAL CREMATION, REMOVAL (Specify)  21. RACE OF INJURY (e.g., in or obout 21.C. WHERE DID (If in Boltimore City, give exact location)  (If in Boltimore City and the decactory  (And Work And Work				1 200 IF YES WERE	CONTRACTOR OF THE PROPERTY OF
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (*) (this hospital) attended the deceased from and haur and fram the causes stated above.  23. SIGNATURE  23. SIGNATURE  24. BURIAL CREMATION, REMOVAL (Specify)  24. BURIAL CREMATION, REMOVAL (Specify)  24. BURIAL CREMATION, REMOVAL (Specify)  21. RACE OF INJURY (e.g., in or obout 21.C. WHERE DID (If in Boltimore City, give exact location)  (If in Boltimore City and the decactory  (And Work And Work	WAS PERFORMED	HICH OPERATION	ZOA. AUTOHST TIES OF ING		USES OF DEATH?
DEATH (notify medical examiner)	or William Colorate Was Halpert William Colorate		100	44	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (*) (this hospital) attended the deceased from that (*) (we) lost saw the deceased alive an	OR CONTRIBUTING CAUSE OF home	form, foctory, street, of	fice bldg., INJURY OCCUR?	III in Boltimore	City, give exact location
While Al Work  22. I certify that (#) (this hospital) attended the deceased from that (#) (we) lost saw the deceased alive an and hour and from the causes stated above. (*) (We) (did) (did t) view the bady after death.  23A. SIGNATURE  23B. DATE STONED  23B. DATE STONED  23C. PHYSICIAN'S  10HAN'S  1	O DEATH (notify medical examiner)				
while At Work  22. I certify that (*) (this hospital) attended the deceased from that (*) (we) lost saw the deceased alive an and have and from the causes stated above. (*) (We) (did) (did t) view the bady after death.  23A. SIGNATURE  Attending Med. Director Phys.  23B. DATE STONED  23B. DATE STONED  23C. PHYSICIAN'S  10HAN'S  10HAN'	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (*) (this hospital) attended the deceased from	₹ (APPROV)		e		
that (F) (we) lost saw the deceosed alive an	Work	At Work	2/ 1- 2/-	-	0/22
and have and from the causes stated above. (a) (We) (did) (did—t) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE  A. BURIAL CREMATION, 24B. DATE  24C. NAME el CEMETERY of CREMATORY  Burial  23B. DATE STORED  24C. Phys. 23D. ADDRESS  THE UNION MEMORIAL HOSPITAL  24D. LOCATION (City, town, or county)  Burial  9-26-1966  Holy Redeemer  Baltimore, Maryland	22. I certify that (4) (this hospital) attended the	deceased from	7/10	19 66 10	7/ 2 ) 19 9
and have and from the causes stated above. (a) (We) (did) (did—t) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE  A. BURIAL CREMATION, 24B. DATE  24C. NAME el CEMETERY of CREMATORY  Burial  23B. DATE STORED  24C. Phys. 23D. ADDRESS  THE UNION MEMORIAL HOSPITAL  24D. LOCATION (City, town, or county)  Burial  9-26-1966  Holy Redeemer  Baltimore, Maryland	that (#) (we) lost saw the deceased alive an	7/23	19 6 and th	at in ( <del>my</del> ) (aur) api	ni6n death accurred an th
23A. SIGNATURE  23A. SIGNATURE  Attending Med. Director Stoff Phys. 23B. DATE SIGNED  24C. Phys. 23D. ADDRESS  THE UNION MEMORIAL HOSPITAL  24A. BURIAL CREMATION, 24B. DATE  24C. NAME el CEMETERY of CREMATORY  24D. LOCATION  (City, town, of county)  Burial  24D. Location  (City, town, of county)  24D. Baltimore, Maryland	and have and from the causes stated above.	(We) (did) (did v			
THE UNION MEMORIAL HOSPITAL  24A. BURIAL CREMATION, PROVAL (Specify)  Burial  24C. NAME of CEMETERY of CREMATORY  Burial  9-26-1966  Holy Redeemer  Baltimore, Maryland	. 0	1			23B, DATE SIGNED
THE UNION MEMORIAL HOSPITAL  24A. BURIAL CREMATION, PROVAL (Specify)  Burial  24C. NAME of CEMETERY of CREMATORY  Burial  9-26-1966  Holy Redeemer  Baltimore, Maryland	Web PV	M.D. Atte		Stoff T	0/20/1
JOHN PR. VAUGHAN, JR.  M.D. THE UNION MEMORIAL HOSPITAL  PAA. BURIAL CREMATION, 24B. DATE  PAA. BURIAL CREMATORY  PAA. BURIAL CREMATORY  Burial  PAA. BURIAL CREMATORY  PAA. BURIAL CREMATORY  Burial  PAA. BURIAL CREMATORY  PAA. BURIAL CREMATORY  PAA. BURIAL CREMATORY  Burial  PAA. BURIAL CREMATORY	from 1. vauge			Phys.	1/20/00
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county)  Burial 9-26-1966 Holy Redeemer Baltimore, Maryland	/ 1 11 11 17 )			MEMORIAL H	OSPITAT
Burial 9-26-1966 Holy Redeemer Baltimore, Maryland	JUNIN K. VAUGNAN, JKV	M.D.	THE ONTON	ILHORIAL II	0011171
Burial 9-26-1966 Holy Redeemer Baltimore, Maryland		ME el CEMETERY or CRE	MATORY 24D. L	OCATION (Ci	ty, town, or county) (
		2 - 2 - 1	No.		
ROA. DATE REC'D BY MEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					yland
SEP 26 1986 @ O. R. F. J. M. Lilly & Zeiler Inc. 1901-07 Eastern	DA. DATE REC'D BY HEALTH DEPT. 258, NAME OF	KEGISTRAK			ADDKE22

VS 150-REV, 1/1/65

Lilly & Zeiler Inc.

1901-07 Eastern Ave.

THE CONTRACTOR

L 7 7 1

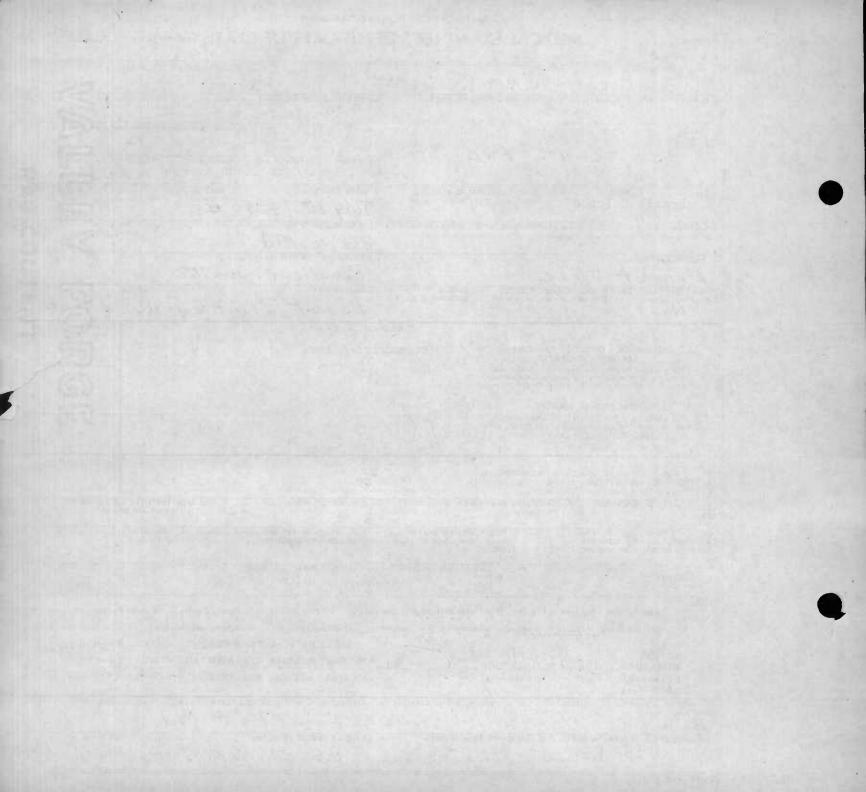
IMPORTANT

FUNERAL DIRECTOR:

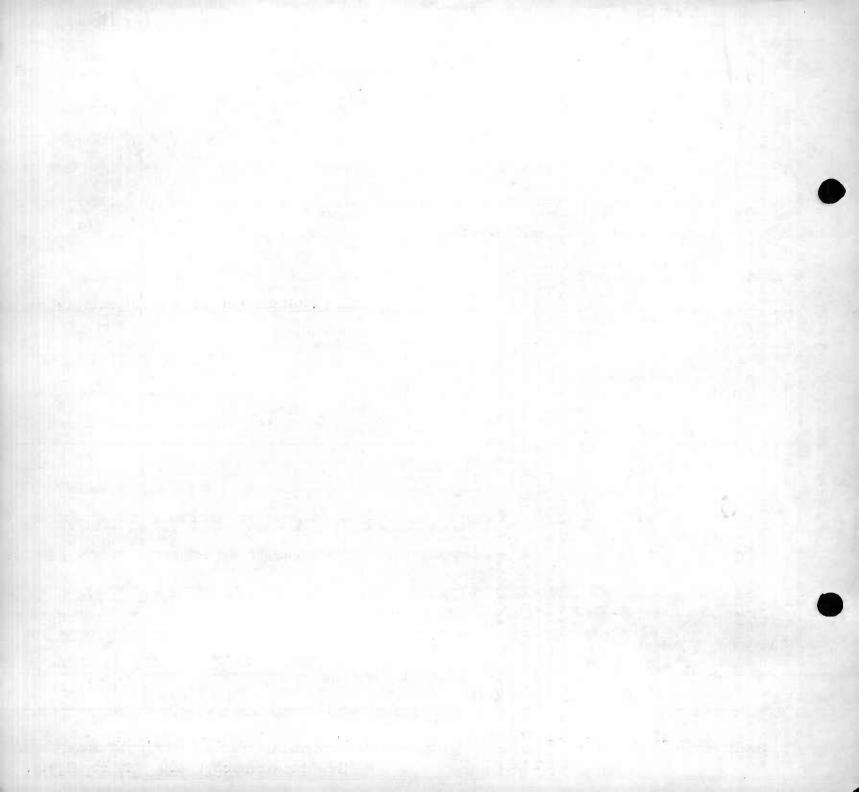
BALTIMORE CITY HEALTH DEPARTMENT 66 09654 Registered Na. 2. DATE AND HOUR OF DEATH 000 5 USUAL RESIDENCE (Where deceased lived, If institution; residence before (If outside city limits, write RURAL and give township) (If rural, give location) HEIGHTS LIBERTY 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Doys | Hours | Min. lost birthdov JAN 12 1928 5 2. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? ... and that in (my) (or) apinion death accurred an the date 23B. DATE SIGNED 21202 Balto., Md. 24D. LOCATION (City, town, or county) (Stote) 33 ARPRESS VS 150-REV, 1/1/65

AC AT THE TANK THE SERVICE TO THE TOTAL TO THE 

1 1	BALTIMORE CITY HEALTH DEPARTMENT				
M-323	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 U96				
B-652	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  E. Velvn BRINKLEY (Miclostt)  Sept. 22. 1966  1	:55 PM			
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution; residence by	M.			
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  A. STATE  Maryland  C. CITY OBJUTTING Publide corporate limits, write RURAL and give  INSTITUTION  A. STATE  D. STATE  D. STATE  A. STATE  D. STATE  A. STATE  D. STATE  D. STATE  A. STATE  D. STATE  D. STATE  D. STATE  A. STATE  D. STATE  D. STATE  A. STATE  D. STATE  D. STATE  D. STATE  D. STATE  A. STATE  D. ST	to wnship)			
00	D. STREET ADDRESS (If rurol, give locofion) 1151 Carrollton Avenue				
	Female Colored 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (in years lost birthday) 45 If Under 1 Yr. If Months, Days	Under 24 Hrs. Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COULD   12. CITIZEN OF WHAT COULD   13. Marking life, even if retired   13. Marking life, even if retired   14. Marking life, even if retired   15. CITIZEN OF WHAT COULD   15. Marking life, even if retired   15. CITIZEN OF WHAT COULD   15. CITIZEN OF W	NTRY?			
	Ernest Ware Peorlie Midgett				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  Robert Brinkley 1151 Co.	rollton			
		AL BETWEEN AND DEATH			
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)				
	TO THE DEATH BUT NOT RELATED TO THE OBESITY  DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDE	RED			
	WAS PERFORMED  NO  IN CERTIFYING CAUSES OF DEATH?  (2) 1A, EXTERNAL CAUSE WAS  [2) B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location)				
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    Contribution   Con	35.74			
	(APPROX.)  MHILE AT NOT WHILE AT WORK  22				
	1 certify that I held an Inquiry Inspection X Autopsy and that on this basis, deoth in my apinion resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner				
7	SIGNATURE	E SIGNED			
	REMOVAL (Specify) 9/26/66 Mt. Auburn Com. Bette Md.	(Stote)			
	SEP 26 1985 248, NAME OF REGISTRAR 24C, FUNERAL DIRECTOR ADDRESS INM C MARCH 928 EM				
	VS 151-REV. 1/1/65	1			



BALTIMORE CITY HEALTH DEPARTMENT Registered No.. CERTIFICATE OF DEATH death occurred in a hospital and t or contributing cause of death Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASER (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance B. COUNTY MOC (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) CITY OR JOWN (If outside city limits, write RURAL and give township) attend 9 INSTITUTION D. STREET ADDRESS (If rurol, give location) regular Il Under 1 Yr. Months: Doys is mad MARRIED, NEVER MARRIED MIDQWED, DIVORCED (specify) 9. AGE (In years II Under 24 Hrs. B. DATE OF BIRTH 6. RACE Hours deceased tost birthdoyl MAIR IOA, USUAL OCCUPATION (Give kind of work OF BUSINESS OR INDUSTR 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Unemployed 13. FATHERS NAME Construction SID 14. MOTHER'S MAIDEN NAME 4 death 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (II yes, give war or dates of service) SECURITY NO attendance '8 Ina G. Hutchinson 3714 Springdale Avenue NO INTERVAL BETWEEN ONSET AND DEATH pronounce DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. Il meons the disease, injury or complication which caused death.) regu ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, if ony, giving 3 to the obove couse (A) stating the physician the remains UNDERLYING CONDITION last. Was н OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION CERTIF HED MASS before 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) ere OR CONTRIBUTING CAUSE OF hospital °Z MEDICAL DEATH (notify medical examiner 3 obtained (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) 9 OF INJURY (except While At Not While (APPROX.) Work At Work and any 22. I certify that (1) (this haspital) attended the deceased from 66 ond that in (my) (our) opinion deoth occurred on the dote that (1) (we) lost sow the deceased alive on.... pe hospital eath) and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23 B. DATE SIGNED 23A. SIGNATURE O Attending Med. M.D. prior to Phys. Director Phys. approval 0 23C.PHYSICIAN'S NAME (Type 23D. ADDRES at 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, eceased REMOVAL (Specily) shows: 9-28-66 Wheelersburg Cemetery Wheelersburg, Ohio Was ADDRESS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Ellsworth Armacos erty Hghts. 0 VS 150-REV. 1/1/65



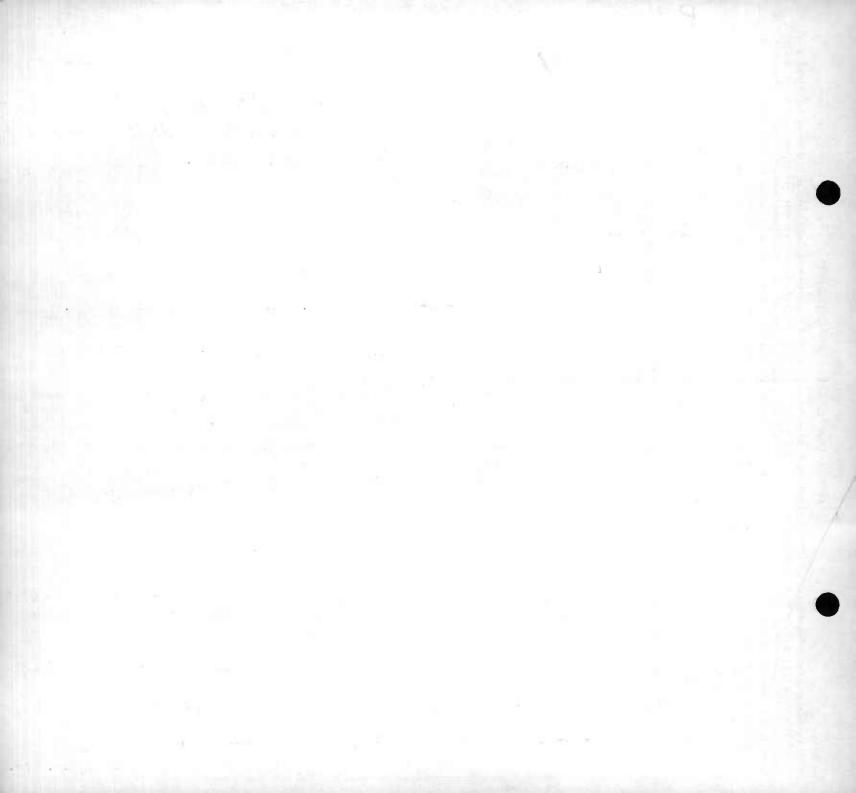
Registered Na.\_ CERTIFICATE OF DEATH 0965 death of death Deceased M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) hospital death. 3. PLACE OF DEATH IN BALTIMORE, 4. USUAL RESIDENCE Where deceased A. STATE B. GOUNTY attendance (2) (If not in hospital ar institution, give street canse FULL NAME OF HOSPITAL OR oddress or location) C. CITY OF TOWN (If outside city limits, canse; INSTITUTION 0 prior contributing 4415 Marble Hall Rd. determined regular B. DATE OF BIRTH 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In veors BE eceased WIDOWED, DIVORCED (specify) lost birthdoy) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) Saleswoman Iruors (4) Un 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Almon Lwwis Lulu Ames IMPORTANT death 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) final SECURITY NO. NO 214-30-4265 18. CAUSE OF DEATH or med DISEASE OR CONDITION DIRECTLY 1A) Myocarchal Infarction LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, **DIRECTOR:** ular injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stating the UNDERLYING CONDITION last. remain Was nalvalar П FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING where OR CONTRIBUTING CAUSE OF hospital °Z MEDICAL DEATH (notify medical exominer) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except Not While ain While At (APPROX.) Work At Work any 22. I certify that (1) (this hospital) attended the deceased from Series that (1)/(we) lost saw the deceased alive on the hospital ond hour ond from the couses stated above. (1) (We)((did) (did not) view the body after death. must accident 23A. SIGNATURE Attending M.D. Med. Stoff 9 Phys. Phys. Director approval 0 PHYSICIAN'S 23D. ADDRESS prior NAME (Type) M.D. 24A. BURIAL CREMATION, NAME of CEMETERY OF CREMATORY o REMOVAL (Specify) 9-26-66 Burial Woodlawn Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

deceased written ap shows: Was

VS 150-REV. 1/1/65

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Hugh M. Potter 4415 Marble Hall Rd INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) .1966....... ond that in(my) ((aur) apinian death occurred on the dote 23B, DATE SIGNED Baltimore, Maryland 4600 Liberty Hghts. Ave.



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

TENTED TO THE RESERVE OF THE PARTY OF THE PA Big in a second control of the second contro

02 00000	BALTIMORE CITY	HEALTH DEPARTMENT	X	00 00050
IRTH NO. 86 U9659	CERTIFICA	TE OF DEATH	Registered No.	66 09659
A.E. CASE NONAME OF DECEASED		2. DATE AL	ND HOUR OF DEATH	
Type or Print) KATHLEEN	LIDICHT	A /		P
PLACE OF DEATH IN BALTIMORE, MARYLANI	NRIUIII	114. USUAL RESIDENCE (Whe	669 120	litution: residence before admission
		A. STATE B. COUR	NTY	17
FULL NAME OF (If not in hospital or instit	ution, give street	MARULA	Nd 1	ALIMORE.
HOSPITAL OR oddress or location)	us Hospital		utside city limits, write R	JRAL and give township)
2 Johns Hopkin	VS THUSPITAL	TOXUX101		3000
BALTIMORE,	my 21205	D. STREET ADDRESS (IF	rurol, give location)	
Wil KO TIMOTEC	11/4 9/203	14/0 13	OVCE A	JE
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9/AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
I W NE	VER MARRIED	5-13-82	84	74.01.11
A. USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
ne during most of working life, even if retired)		00 - 400	10.011.4	WHAT COUNTRY?
NONE	NONE	SPRINGBO		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
FRENORIAK WIR.	ChT	CARAII	BRUEN	
Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	UKULUV	ADDRESS
s,no or unknown) IIf yes, give war or dates of se	rvice) SECURITY NO.	M	- 11101011	(SAME)
NO		MISS ALICE	WRIGH	(SHITE)
18. 120, 1	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY				-
LEADING TO DEATH	(A)	YOCARDIAL IN	FARCTION	9 HOURS
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO			100
injury ar camplication which caused death.		- 0. 2 2 1 - 2 2	01000100001	
ANTECEDENT CAUSES	(B) CO/40	ONARY ARTE	KIOSCLEROS IS	
DISEASES OR CONDITIONS, if any,				
rise to the obove couse (A) stating		~~~~~		
UNDERLYING CONDITION Iosi.				
II .				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.				
199. DATE OF OPERATION 198. CONDITION WAS PERFORMED TRICETIN	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FI	NDINGS CONSIDERED
14 SEPT 66 TRIGEMIN	AL NEURALGIA	No	62	, , , , , , , , , , , , , , , , , , ,
OR CONTRIBUTION CALLER OF	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)	ince siege, intooki occok.		
21D. TIME (Month) (Day) IYear) (House	21E INJURY OCCURRED	23 F. HOW DID IN.	ILLEY OCCUP?	
01 11430K1	While At Mot Whi		JOHN GOODK.	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) atter	ided the deceased from	13 SEPT	1966 to 2	2 9EPT 1966
that (I) (we) last saw the deceased oliv	on 72 SEPT	- 0		
				ton death accorded on the do
ond hour and from the couses stated about	ove. (I) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	70		-	238, DATE SIGNED
//Lewyn	Bogan M.D. Att	ending Med. Director	Stoff Phys.	22 SEPT 66
23C. PHYSICIAN'S	-	23D. ADDRESS		
NAME ITYPE MERWYN	BAGAY M.D.		ins Hospita	al, Balto, Md.
A. BURIAL CREMATION, 248, DATE				
REMOVAL (Specify)	24C. NAME of CEMETERY of CR			, town, or county)   Stote)
Cremation   9/24/1966	Greenmount	Ba	altimore,	Maryland
A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
SED 98 1088 () 0 18-1	3 Fr. Dougla 10	H. W. Jenkir	as & Sons C	o. 4905 York R
s 150-REV. 1/1/65	ST AGENTAL STATE		Ba	1to.12, Md.
1 130-RE V. 1/ 1/ 03				

CONCINEY ARTERISTICATIONS H SEPT HE TRUSERAME MERKURGAR 

VS 150-REV. 1/1/65

ano

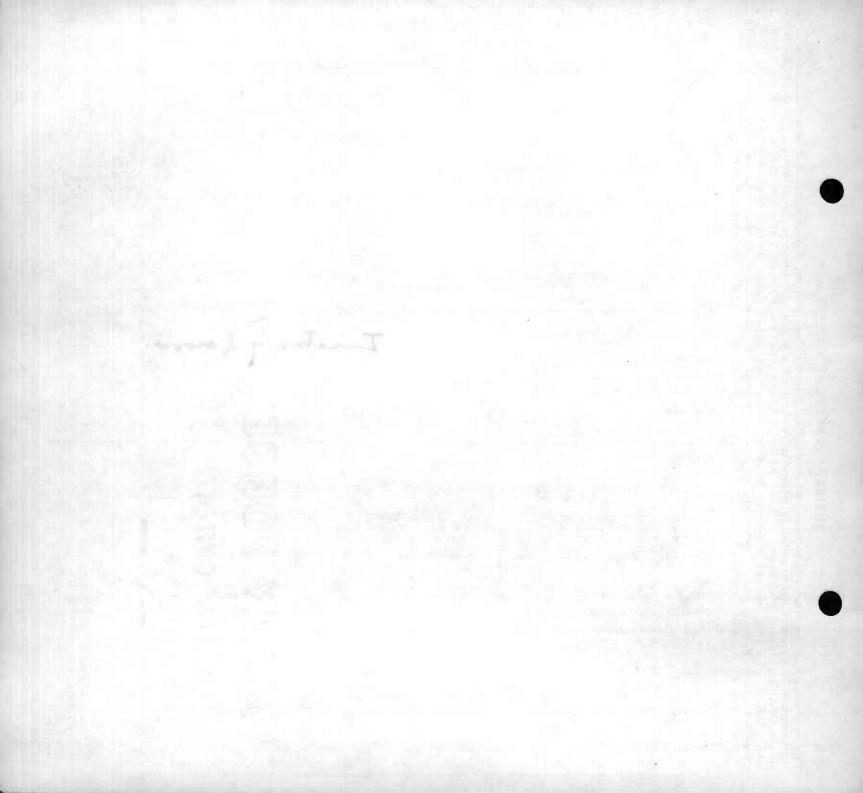
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) September 24. 3. PLACE OF DEATH B. COUNTY (If not in hospital ar institution, give street FULL NAME OF HOSPITAL OR oddiess or location) (If autside city limits, write RURAL and give township) INSTITUTION University (If ruigh, give location) 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours last birthday Marrie 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 2. CITIZEN OF WHAT COUNTRY? endor USA 4. MOTHER'S MAIDEN NAME White 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. REGINA B. WRIGHT 220-05-1320 1515 Rentridge CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma of Une, Bladder (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) Tweek (B) Preumonitis ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving Urinary Tract to the above cause (A) stating the infection UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Congestive month 208. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID hame, loim, foctory, street, affice bidg., INJURY OCCUR? OM 9-14-66 CA
21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examine) MEDIC (Month) (Doy) (Year) (Hous) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX) At Wark Work 22. I certify that (1) (this haspital) attended the deceased fram. 19 66 9-24 that (1) (me) last saw the deceased alive an 9-24 19 6 and that in (my) (aux) apinian death accurred an the date and haur and fram the causes stated abave. (1) (WE) (did) (did nor) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending Stoff Phys. Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS of 4 rology M.D 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 128 1966 Holy Redeemer Burial Baltimore Md 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT.

H.W. Jenkins & Sons Co. 4905 York Rd Balto. 12, Md.

- March March 1 Zahigibili ye ii ililiye The terms when all the role at I with kindly be granted. Lasty of I state steen ? tripping I meeting withing the posteriors

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

66-19968	BALTIMORE CI	TY HEALTH DEPARTMENT		ce poesa L
BIRTH NO. 66 UB651	CERTIFIC	ATE OF DEATH	Registered No	66 09661
M.E. CASE NO.  1. NAME OF DECEASED	,	2. DATE AP	ND HOUR OF DEATH	110
(Type or Print) THERESA	KAREN WIN	TERS Sep	1. 20, 190	661 3 E P.M.
3. PLACE OF DEATH IN BALTIMORE, MARY	AND	4. USUAL RESIDENCE (Whe		stitution: residence before admission)
FULL NAME OF (If not in hospital or	institution, give street	ind.		11-73
HOSPITAL OR oddress or location)	manual, give silee.		utside city limits, write R	RURAL and give township)
INSTITUTION .		BALLO	#/	
10 / 10	1/00	D. STREET ADDRESS (If	rurol, give location)	- /
MO GEN.	1705p.	827 N	EUTAL	w St.
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE WHITE	N.B.	Sept. 19,1961	4	199
IOA, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
total of working the, even it remedy	_	md.		TISA
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	1 9 5/1
TPI	1: 1/1-100	TILLIAGE	20107151	3 -1-1-1
S. Was Deceased Ever in U. S. Armed Force:	1 16. SOCIAL	17. INFORMANT	myRTIE C	ADDRESS
Yes, no or unknown) (If yes, give wor or dates		1/		
		MothER	2	JAME
18. 762,51		OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIREC	:TLY	T the	0 0	1
(This does not mean the made of d	ying, e.g., DUE TO	F-CN'V-L	1 dayoxu	
heart failure, asthenia, etc. It means the	e disease,		1	
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if any rise to the above cause (A) st				
UNDERLYING CONDITION last.				
_ 11				
OTHER SIGNIFICANT CONDITIONS COLD TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	oli 20R IF YES WERE E	EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDI WAS PERFO		20,0731; 1103 01 11	IN CERTIFYING CAL	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g	, in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, larm, foctory, street,	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Day) (Year)	Hour 21E INJURY OCCURRED	21 F. HOW DID INJ	111BY 0 0 011B0	
OF INJURY	While At Not W		JORY OCCOR!	
(APPROX)	Work At Wo			
22. I certify that (1) (this hospital)	ottended the deceased from	Jept 19	19 66 to SE	2pt 20 1966
that (1) (we) lost saw the deceased	olive on Sept J	0 19 6 6 ond th	hot in (my) (our) opir	nian death occurred on the date
and hour and from the causes stated				
23A. SIGNATURE				23 B. DATE SIGNED
ana	M.D.	Attending Med. Phys. Director	Stoff Phys.	9/20/66
23C. PHYSICIAN'S		23D. ADDRESS	rnys.	1120/66
NAME (Type)	DICK M.			
Bernard	ACMAN	MEATER CONTRACTOR	510	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 9 6 4000	24C. NAME of CEMETERY or	CREMATORY 2. 24D. L	LOCATION ID (Cit	ty, lawn, or caunty) (State)
26 1966	JOHNS HOP	TAPOPET SIL	SCHOOL	
25A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	ARV CEDY	ADDRESS )
SEP 20 1950 JE	11/3 C.	MUNIU	ANI SUNV	ILL - DOLL
VS 150-REV. 1/1/6S				

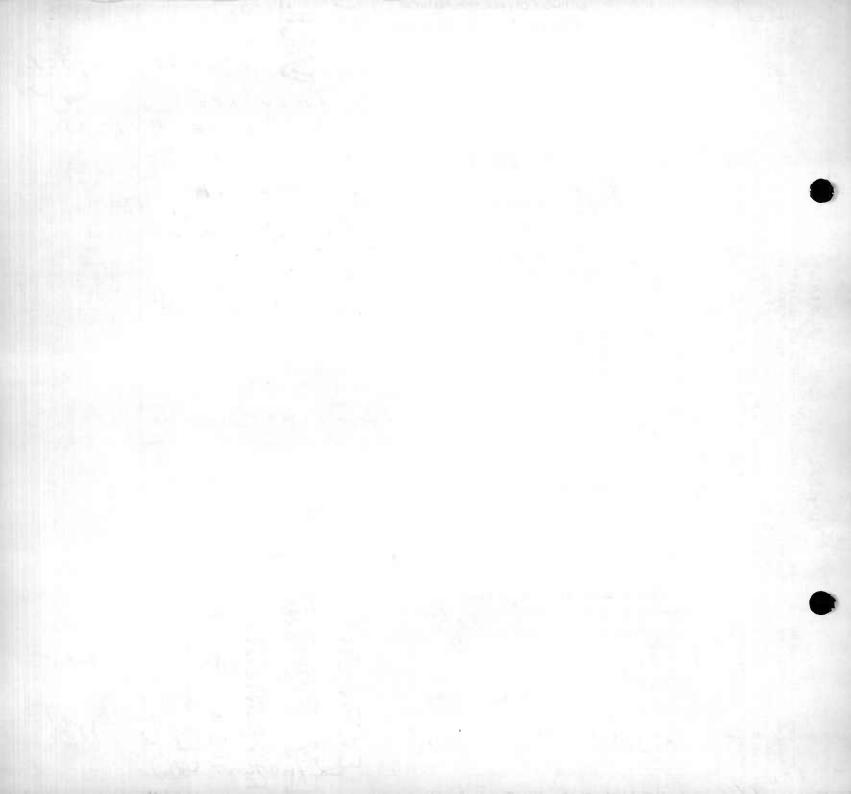


IMPORTAN

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

the first transfer of the first transfer of

.eva siborean

white the meter year.

And the second s

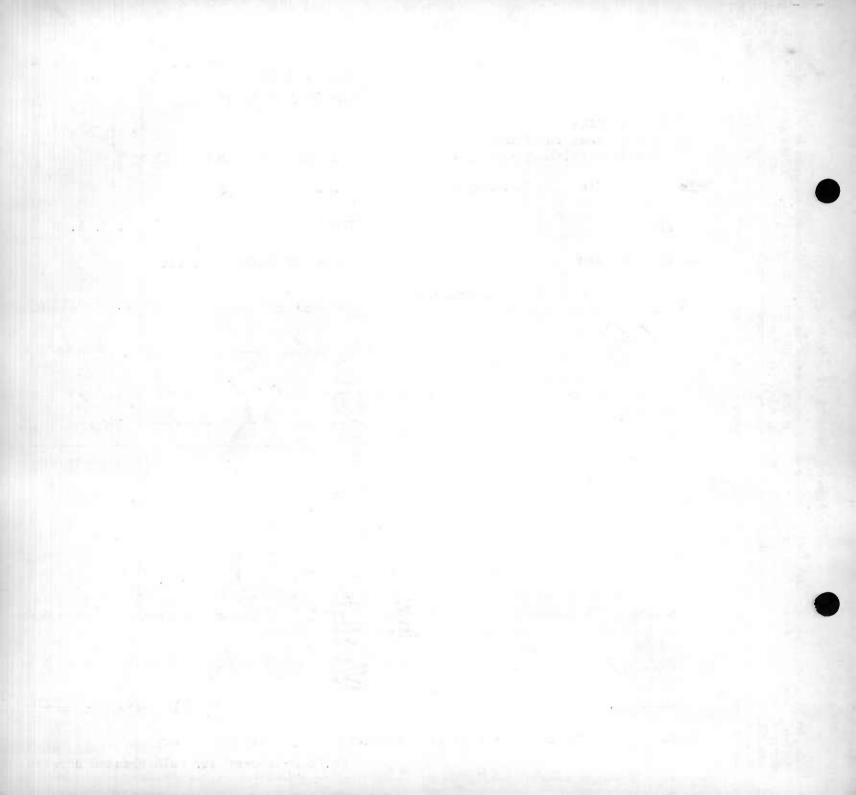
FUNERAL DIRECTOR:

TIMORE CITY HEALTH DEPARTMENT

manufacture that the second A Market Valley Don't Supple

VS 150-REV, 1/1/65

V.s. 153 10-11-66 M.H.



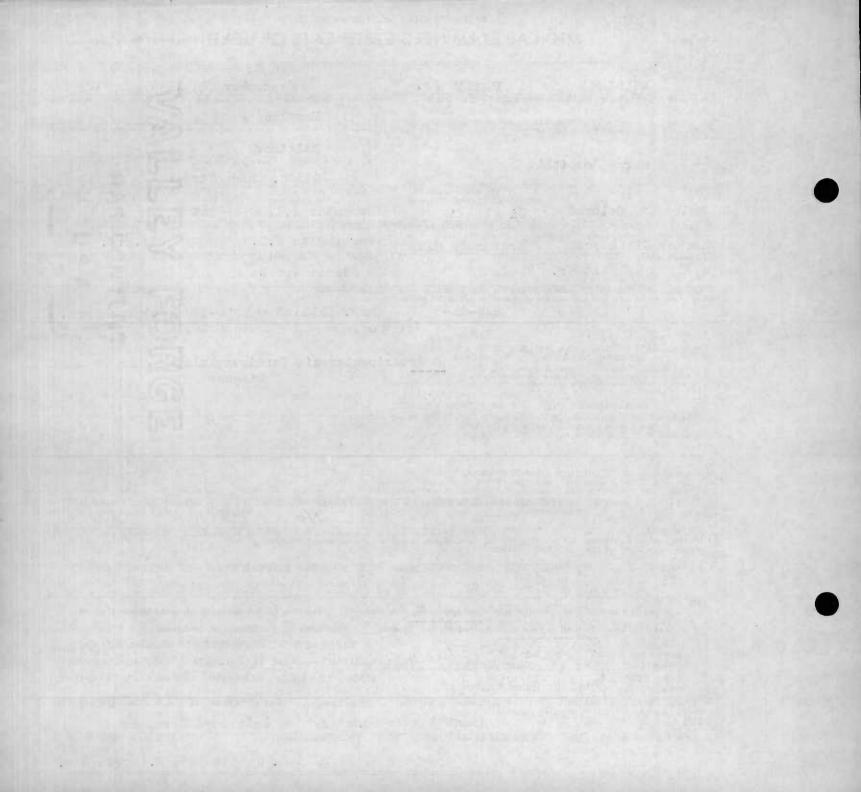
BALTIMORE CITY HEALTH DEPARTMENT

60 119667

BIRTH NO.	MEDI	ICAL EXAMINER'S CE	ERTIFICATE (	OF DEATH Registe	ered Na. 65 U905
M.E. CASE NO.					
Type or Print	CEASED		2, DA	TE AND HOUR PRONOUNC	
	WILLIAM	GILBERT Jr.		eptember 21, 190	
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If ins B. CO	titutian: residence befare admissia UNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		f autside corporate limits, writ	e RURAL and give township!
			Balti D. STREET ADDRESS		
	Mercy Hospita				
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	. Chase Street	If Under 1 Yr. If Under 24 Hi
Male	Colored	WIDOWED, DIVORCED(specify)		9. AGE (In years lost birthday)	Manths Days Hours Min.
		ingle TOB. KIND OF BUSINESS OR INDUSTRY	December 1,		12. CITIZEN OF
dane during mast af	warking life, even if retired)		Washington		U.S.A.
Checker C	Cloak room	Merchant's Club	14. MOTHER'S MAIDEN		0.D.A.
	Gilbert Sr.		Jennie Bro		
15. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no at unknown	(If yes, give wor or date		Mara Tillia	. W 7404 1	7 7 7 7 7
110				n Morris-3404 V	
18.	21/1	CAUSE	OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DE				
(This daes			losclerotic C	ardiovascular	
heart failure injury or co	not mean the made af e, asthenia, etc. It means emplication which caused	the disease, death.)		Disease	
	ANTECENDENT CAUSE	c			
	OR CONDITIONS, IF A	(R)			
RISE TO TH	HE ABOVE CAUSE (A) ST				4-47-66
	NO CONDITION LAST.	(C)			
5	II	Control to the second			
	NIFICANT CONDITIONS DEATH BUT NOT REL				
DISEASE O	R CONDITION CAUSING	: IT.			
O 19A. DATE OF	F OPERATION 198, CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
UNDERLYING	L CAUSE WAS OR CONTRIB- JSE OF DEATH.	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, o etc.)	n or about 21C. WHERE ffice bldg., INJURY OCC	DID (If in Baltimare City, gi	ive exact lacalian)
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yeor	(Hour) 21E. INJURY OCCURRED  WHILE AT NOT WORK AT WE		D INJURY OCCUR?	
22.				1. 1. 1. 1. 1. 1.	
	rtify that I held an li			an this basis, death in r	
resu	Ited fram: Natural car	uses X Accident Suicide		-	er
ACTUA SIGNAT		Tres Centraly	CHIEF MEDIC	AL EXAMINER AL EXAMINER	DATE SIGNED
EXAMIN NAME (	NER'S Pridicor	Breitenecker	ASSOCIATE MEDIC		9/21/66
23A, BURIAL CRE	fue)	23C. NAME of CEMETERY of	CREMATORY	23D. LOCATION (City	r, town, or caunty) (State)
REMOVAL (Specif Burial	9/23/60	6 Mount Auburn	Cemetery	Baltimore Mar	ryland
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIE	RECTOR	ADDRESS

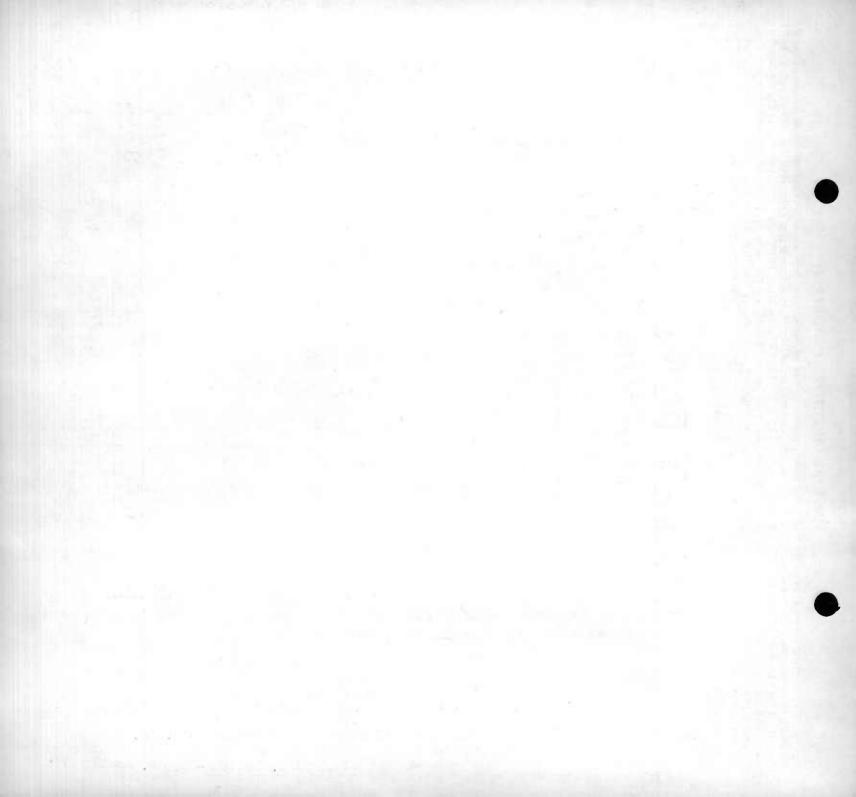
Herbert E. Nutter-3035 W. North Ave.

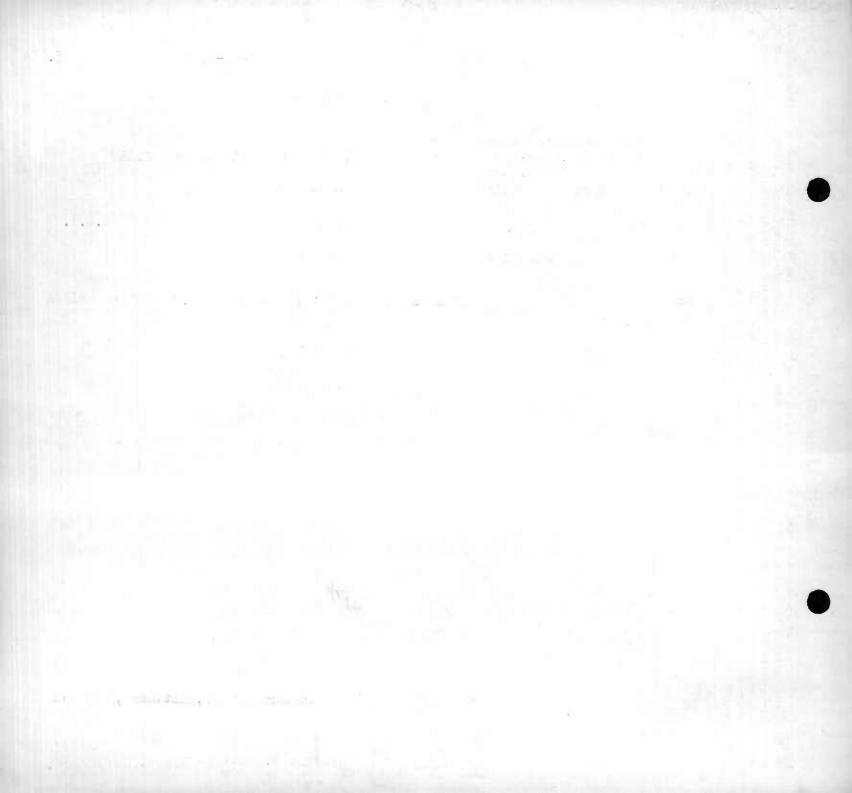
VS 151-REV. 1/1/65



DIRECTOR:

FUNERAL





MEDICAL MEDICAL		CERTIFICATE OF	DEATH Registered No.	55 U967
	· - · · · · · · · · · · · · · · · · · ·	DATE A	ND HOUR PRONOUNCED DEAD	

-	CASE NO.								
1. P	AME OF DEC	EASED				2. DATE AN	ID HOUR PRONOUNC	CED DEAD	
		BENJAMIN	6	SAVAGE		Sep	ptember 23,	1966	2:15 PM.
3. P	LACE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL A. STATE	RESIDENCE (Where	deceosed lived. If ins		before odmission)
HO:	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET			de corporote limits, wri	15	ve township)
11		Lutheran H	Joenital		D CTREET	Baltimore ADDRESS (If rurol,			
1/2		Edelici ali 1	lospical		D. SIKEEI		ingdale Aver	2110	
5. S	FY	6. RACE	7 AAAPPIED	NEVER MARRIED	B. DATE OF		9. AGE (In years		. If Under 24 Hrs.
	ale			DIVORCED (specify)			lost birthdoyl	Months Doys	
		White		ngle		ACE (State or foreign	61	10 CITIZEN O	
		orking life, even if retired)	KIOK KIND O	F BUSINESS OR INDUSTRY	III. BIRTHPL	ACE (State or later)	gn country)	12. CITIZEN O	
		rietor	Real	Estate	Bal	timore. Ma	ryland	USA	
13. F	ATHER'S NAM				14. MOTHE	R'S MAIDEN NAM			
		Harry Savag				Lena Cohe	n		
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM	ANT		ADDRESS	
				217-07-5114	Mr.	Louis Sava	ae 3732 06	futt Road	1
	18. //	0. 1			OF DEAT		30	INTE	RVAL BETWEEN
	/	X31./						ONS	ET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY	Massi	We Pull	monary Emb	nolism		
	heort foilure,	ot meon the mode of osthenio, etc. It meons application which coused	the disease.	DUE TO					
	A	NTECENDENT CAUSE	S	Arton	cioscle	rotic Car	diovascular		
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B) ALLEI	TOSCIC		isease.		
	UNDERLYIN	E ABOVE CAUSE (A) S' IG CONDITION LAST.	TATING THE			υ.	rsease.		
Z				(C)					
ERTIFICATION	TO THE	II  VIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO 1						28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
CERT		OPERATION 19B. CON WAS PER	IDITION FOR	WHICH OPERATION	20 A. AU	TOPSY? (Yes or No) Yes	208. IF YES, WERE F		
O	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., of form, foctory, street, of	in or obout a	CIC. WHERE DID	(If in Boltimore City, g	give exact location	n)
	21D TIME	(Month) (Doy) (Yeo	r) (Hour) [2	TE. INJURY OCCURRED	2	IF. HOW DID INJ	URY OCCUR?		
	OF INJURY (APPROX.)		m. \	WHILE AT NOT	WHILE D				
	22. I cert	ify that I held on I	nquiry 🗌	Inspection Aut	Popsy	ond that on th	is bosis, deoth in	my opinion	
	resul	red from: Notural co	uses X	Accident Suicid	e H	omicide	Undetermined monr	ner .	
		1/1	1	10	CHI	EF MEDICAL EX	XAMINER	D	ATE SIGNED
	SIGNAT		TUE	The house	ASSISTA	NT MEDICAL EX	XAMINER X		ATE STORED
	FYAMIN		reitene		•	TE MEDICAL E			9/24/66
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	CREM ATO	RY 23D. L	LOCATION (City	y, town, or county	) (Stote)
REA	Burial	9/25/1	966	Bnai Israel		B	altimore, M	arulahd	
24A		BY HEALTH DEPT.		OF REGISTRAR	24C, F	UNERAL DIRECTOR		ADDR	ESS
		EP 2 6 1996	7.041	Maria Color			& Bros. 60		

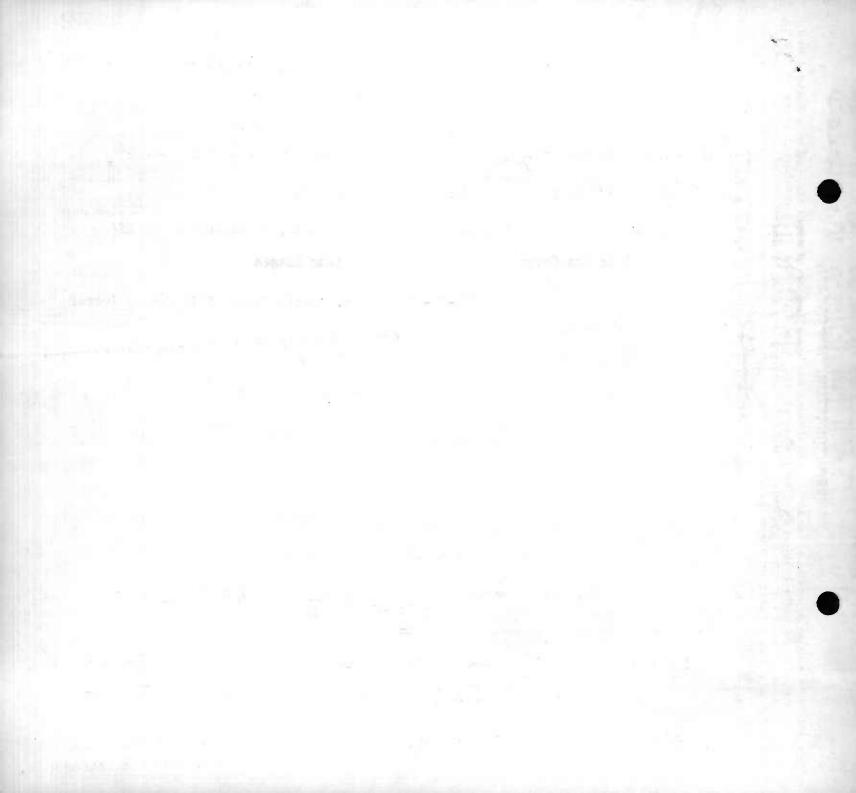
VS 151-REV. 1/1/65

lost train the news said of the trains District Manual of the first of the last to be all the

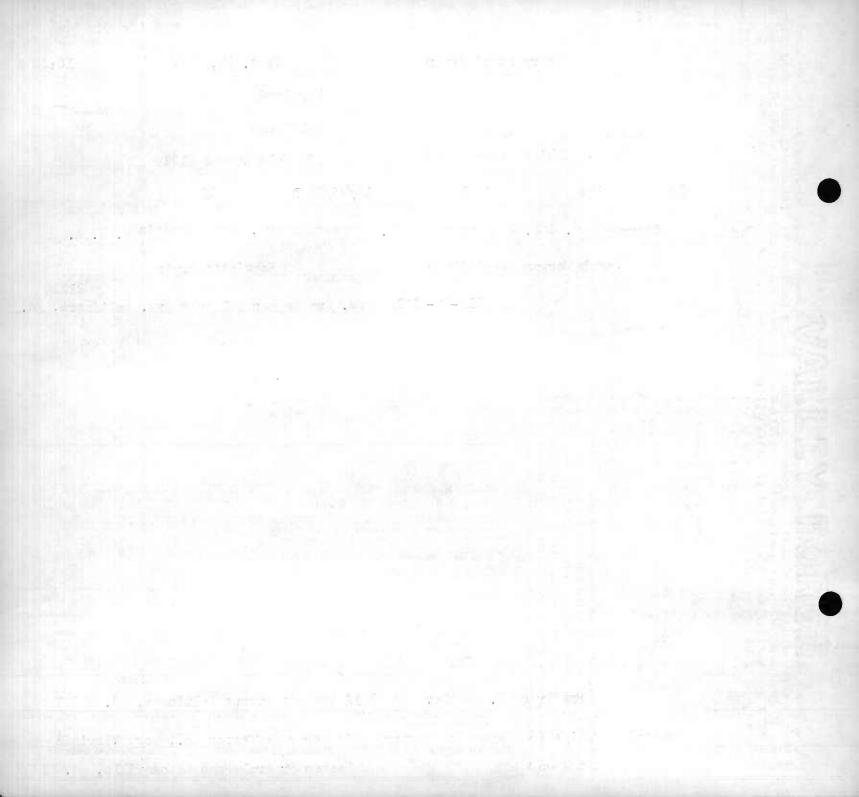
	65-12879  BALTIMORE CITY HEALTH DEPARTMENT	ss 09671
v.	CERTIFICATE OF DEATH Registered No. —	0.7 00011
. 1	NAME OF DECEASED 2. DATE AND HOUR OF DEATH	701
Ĺ	PLACE OF DEATH IN BALTIMORE, MARYLAND  PLACE OF DEATH IN BALTIMORE, MARYLAND  [4. USUAL RESIDENCE (Where deceased lived, if institutions)]	966 4 /
2.0	A. STATE B. COUNTY	1. 1
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  OC. CITY OR TOWN (If outside city limits, write RUR	TOURNER
1		AL one give lownship?
1	LOMBARN & GREENE STS D. STREET ADDRESS (If rurol, give Ibcotion)	0.0
0	BALTO, md. 21201 349 HIGH POINT	Rd.
	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I WIDOWED, DIVORCED (specify)	f Under 1 Yr. If Under 24 Norths Days Hours N
	MALE CAUCASIAN NEVER MACRIED MAY 23, 1965 OF INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	2. CITIZEN OF
	ne during most of working life, even if retired)	WHAT COUNTRY?
12	NONE NONE BALTO, md.	USA.
13.		
1.5	JACQUES PESSIN RUTH BARNETT. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Ye	s,no or unknown)(If yes, give wor or dotes of service)   SECURITY NO.	ADDRESS 4NIVERSITY
	NO NONE KENNETH R. KOSKINEN M	.D. BALTO, mo
	CAUSE OF DEATH	ONSET AND DEATH
	LEADING TO DEATH (A) Chilfral + myacardial anoka	3 = days
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,	
	injury or complication which coused death.)	3 t days
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B) februle CONVILLION  DUE TO	7.3.
	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoting the (C)	
	UNDERLYING CONDITION last.	
z	OTHER SIGNIFICANT, CONTRIBUTING	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  SIDED INEUMONIA.	
FICA	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
CERTIFIC	O NONE WAS PERFORMED	
AL C	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg, INJURY OCCUR?	ity, give exoct locotion)
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While	
	(APPROX.) NONE Work AI Work	0- 32
	22. I certify that (I) (this hospital) attended the deceased fram SEPT 19 19 6 to SE	
1	that (1) (we) last sow the deceosed olive an SEPT 23 19 46 and that in (my) (aur) apinia	n death accurred an th
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death.  23A. SIGNATURE	B. DATE SIGNED
	1/ - 1 0 1) 4 AMD Attendion Med 5 Staff &	
	23 C. PHYSICIAN'S 123D. ADDRESS	Sept 23, 196
	NAME (Type)	BALTO, md
24	KENNETH R KOSKINEN MD M.D. UNIVERSITY HOSPITAL  A. BURIAL CREMATION, 1248, DATE 1240, NAME OF GEMETERY OF CREMATORY 1240, LOCATION (City,	n126/
1	REMOVAL (Bocity) alacilie has been lesson	L. Con-
25	A. DATE RECO BY HEALTY DEPT 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	TO BRESS
-	SEP 2 1933 Colones And Lord Loss 60/0/1210	a dren
S	150-REV. 1/1/65	



346	50		BALTIMORE CITY	HEALTH DEPARTM		
IRTH NO.	66 09672		CERTIFICA	TE OF DEA	TH Registered No	- 66 09672
ME CASE NO.	FASED				ATE AND HOUR OF DEAT	Н
	SIDNEY S.	6- DE	EN	2. 0	9/20/66	12:15 P.
	ATH IN BALTIMORE, MAI				I Where docodsod lived, If	institution: residence before admission
					. COUNTY	7711
FULL NAME O	OF (If not in hospital address or location		givo stroot	MARYLA	100	for 1 - day ()
INSTITUTION	addioss of facolion			.00	(If autside city limits, write	n RURAL and give township)
				D. STREET ADDRESS		
SINAI	HOSP17	-41				400
			NIELZES AAABSITES	5915	WINNER	
Male	6. RACE White	WIDOWEL	NEVER MARRIED 5, DIVORCED Ispecify)	6 4 /18	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.
	UPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE IStot	e or faraign country)	12. CITIZEN OF WHAT COUNTRY?
	working fife, even if retired)	Dot	ail	Daugh :	. Danne R	
Merch		Kei	.acc	14. MOTHER'S MAIL	n. Pennsylvania	usa usa
ATMINERS NA		2.250				
	Late Max Gr	een		Lina Bo	erger	
. Was Decaused	Ever in U. S. Armed Fare	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	7 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		209-10-9732	MAR APIO	ia Green 5915	Winner Avenue
18. //			CAUSE O		ca oreen 3713	INTERVAL BETWEEN
700	SE OF COMPLETON DIE	E C T I Y	^			ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECILY	(V.		0.0.	
(This does	not mean the mode of	dvina e.a.	(A) C	Monary	ceauge	This
heart failure,	asthenia, etc. It means	the disease,	500 10	/	clain	
injury ar car	mplicotian which caused	deoth.)			0	2 415
	ANTECEDENT CAUSES		DUE TO	Drawy 2	calam	
DISEASES	OR CONDITIONS, if	any, giving	560.10	/		0
rise to th	e obove couse (A)		(C)			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
UNDERLTIN	G CONDITION last.					
	FICANT CONDITIONS C					
DISEASE OR	CONDITION CAUSING I	T.		100 4	(1)	
19A. DATE OF	F OPERATION 198. CON WAS PERF		WHICH OPERATION	20 A. AUTOPSY? (Y	IN CERTIFYING	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examinar	218 ham atc.	PLACE OF INJURY (a.g., in ne, farm, factory, straet, of )	fice bldg., INJURY OC	E DID III in Boltim	are City, giva axact lacation)
21D. TIME	(Manth) (Day) IYaar)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
(APPROX.)			ile At Not While	e 🖳		
(AFFRUA)		Wo	rk			
22. 1 certify	that (1) (this haspital	) attended t	he deceased fram	200	19 6 4 ta	Sly 5 19 6 (
	) last saw the decease		C	1 1/ / /		pinian death accurred on the de
			1-			
23A. SIGNAT		ed abave, (	l) (We) (did) (did_not) v	lew the bady after	death.	DATE CICKED
23A. SIGNATI	URE	1	14.0	- di / Mad	\$1-11	23B. DATE SIGNED
Un	un/le	any	M.D. Atte	mding Mod. Diract	or Phys.	9-14-06
23C. PHYSICIA	ANS			23D. ADDRESS	0 1 1	1 1 2
NAME	FRVIN	IAU	DETT M.D.	6505	Want to	455 An
4A. BURIAL CRE	MATION, 24B. DATE	24C.N	AME of CEMETERY OF CRE	3 /	24D. LOCATION	(City, town, or county) (Stata)
			4 71.01		Baltiman	
Burial	9/25/19 BY HEALTH DEPT.	66 Be	th Tailon,	25C. FUNERAL D	Baltimore, Ma	
O PT	0.0.4000	0. 0.0	77 . 17	Sol Levi	MAON & BHOX 4	010 Reisterstown Ro
<u> </u>	69 1500	1. 62	AT TO A STOP HOLE		0,000	reisterstown Ro
\$ 150-REV. 1/1/	65			1		



VS 150-REV. 1/1/65



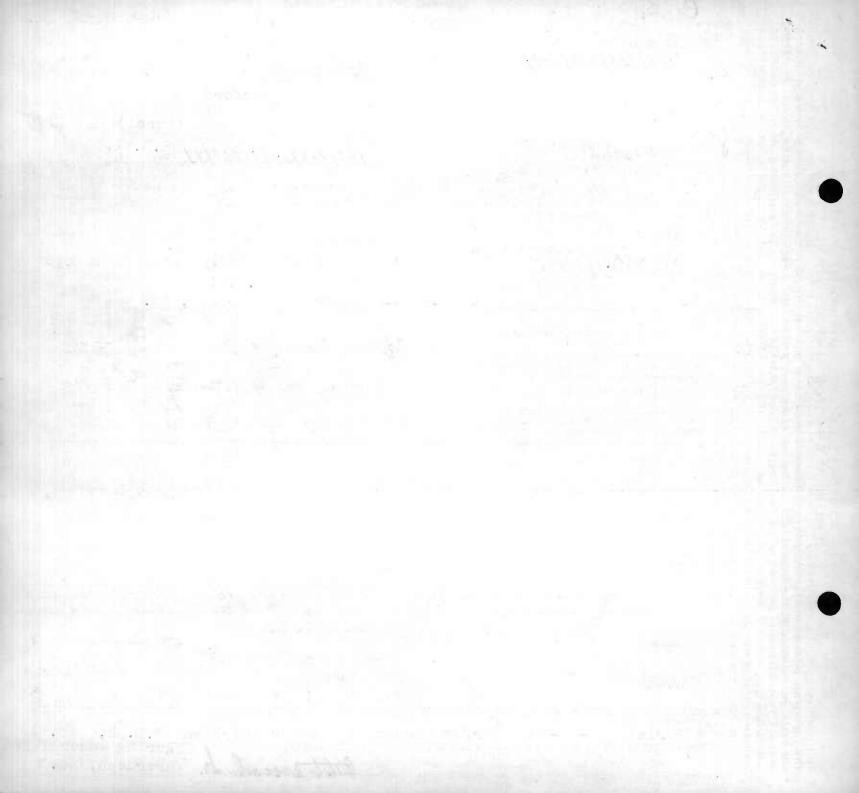
FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

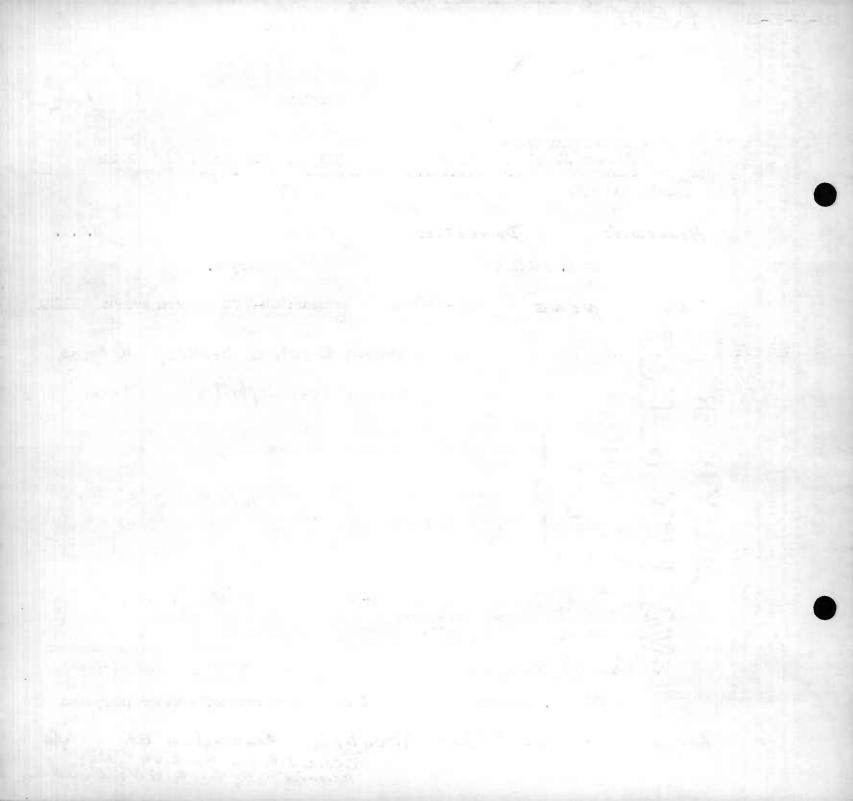


SAB-47-30-

of death

Such

alawi	85	20			HEALTH DEPARTMENT	Paristan I Na	56 09	1675
-	CASE NO.	66 096	275	CERTIFICA		ND HOUR OF DEATH		Same
3. PL	ACE OF DEA	TH IN BALTIMORE, MAI		give street	4. USUAL RESIDENCE (Wh A. STATE B. COU Maryland	ere deceased lived. If i	institution: residence	e before admission
		altimore City 940 Eastern A	Hospi	tals	C. CITY OR TOWN (If o Baltimore D. STREET ADDRESS (III		RURAL ond give t	lownship)
51		altimore, Mary		21224	3139 Elliot	f rurol, give location)	21224	
S. SE	(")	6. RACE White	WIDOWE	D, NEVER MARRIED D, DIVORCED (specify) OWED	10-12-97	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min,
		PATION (Give kind of work rorking life, even if retired)			11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT CO	UNTRY?
1	TOUSEL		Do	MESTIC	Virginia		U.	.S.A.
13. F	ATHER'S NAM	James P. Sh	iflett		14. MOTHER'S MAIDEN NA	Mary A.		
15. W	as Deceased	Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDR	ESS
(Yes,	no or unknown)	(If yes, give wor or dotes)		SECURITY NO. 225-05-8675	Records: BCH-	-4940 Easter	n Avenue	21224
1	B. 600	0 1		CAUSE O	F DEATH			AL BETWEEN
		E OR CONDITION DIR LEADING TO DEATH	ECTLY	Gr	Ama Alacative	Sancie	10 ha	4.4.0
	hearl failure, injury ar cam	al mean the made of asthenia, etc. It means plication which caused NTECEDENT CAUSES	the disease	DUE TO Chr	em Negative onic Pyelone	ohritis	1 480	1
	DISEASES O rise to the UNDERLYING	R CONDITIONS, if a bave cause (A) CONDITION last.	stating the	(C)				
A	O THE DE	ATH BUT NOT RELA- CONDITION CAUSING IT OPERATION 19B. COND WAS PERF	ITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE	FINDINGS CONS	IDERED
0	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 hor	me, farm, foctory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact	locotion)
AEDIC	21 D. TIME DF INJURY (APPROX.)	(Month) (Doy) (Yeor)	w	E INJURY OCCURRED  hile At  Not While ork  At Work		JURY OCCUR?	1,56	
2	2. I certify	that (1) (this hospital)	attended	the deceased fram	7-24	19 66, 9.	-24-66	19
1		from the causes state			19and t		inian death acci	urred an the da
	3A. SIGNATUI			(7,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	Tow the oddy diter addition	•	238, DATE SIGN	IED
	Well	leam a. E	meis	M.D. Atte	ending Med. Director	Stoff Phys.	9-24.	-66
2	NAME (Ty	William A.	Emerso		23D. ADDRESS 4940 Eastern A	Avenue, Balti	more, Mary	land
1	REMOVAL (S	AATION, 24B. DATE pecify) 9-27-6	24C. N	PART RE	EMATORY 24D.	LOCATION (C	Ct.	(Stote)
	DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	NAP HUNE	THL HAD	DRESS



		M	162		BALTIMORE CITY	HEALTH DEPARTMEN	T	
	TH NO.		56	Catt 12	CERTIFICA	TE OF DEATH	H Registered No	·· <del>55 09576</del>
1. N	AME OF DEC	EASED	ب لک	<del>22/0-</del>		2. DAT	AND HOUR OF DEAT	Н
		TH IN RALT	Kather	ine Wa	tson May		21/66	institution: residence before admission
20 1	TEACE OF DEA	SIN IN BALII	MORL MA	ILAND		A. STATE B. C	OUNTY	in stitution: residence before admission
	FULL NAME O		in hospital a	r institution,	give street	C. CITY OR TOWN		19-25
	NSTITUTION					Baltimore		e RURAL and give township)
7	Anderso	n Nursi	ing Hom	ie		D. STREET ADDRESS	(If rurol, give location)	
/						3408 Fairvi	ew Rd.	
. 5	EX	6. RACE			NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	F	White		Marr		11-20-1888	77	
	USUAL OCC			108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
						Baltimore, M	ld.	U.S.A.
3.	Companio	ME				14. MOTHER'S MAIDEN		
	Charles	Augusti	is Wats	on		Mary Ellen	Widmyer	
	Wos Deceosed				16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	753, 9176		3. 03111007	218-37-3389	Mr. Roy P. M	lav Jr. 3408	Fairview Rd. 21207
	18. 44 9	1 % 1			CAUSE			INTERVAL BETWEEN
	DISEA	E OR CON	DITION DIR	ECTLY	R	. Ale ha	euruonia	ONSET AND DEATH
	(This days	LEADING T			(A) )	uncuopi	avanna	, ladys -
	heort foilure,		. It meons	the diseose,				
	injuly of con			death.)	(B)	•		
		ANTECEDEN			DUE TO		### ##################################	
	DISEASES C				(C)			
	UNDERLYING	CONDITIO	N lost.					
z	OTHER SIGNI	FICANT CON	IDITIONS CI	ONTRIBUTIN	G			
ATIO	TO THE D	EATH BUT	NOT RELA	TED TO TH	1E			
	19A. DATE OF			DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED
ERTIFIC	0					NO		.AUSTO DEATH:
CALC	21 A. ACCIDEI OR CONTRIBU DEATH (notily	JTING CAL	JSE OF	21 f hor etc	R. PLACE OF INJURY (e.g., in ne, form, foctory, street, of ,)	n or obout 21 C. WHERE DI	D (If in Bottim	nore City, give exact location)
ā	21D. TIME OF INJURY	(Month) (D	oy) (Yeor)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
ME	(APPROX)			WI	nile At Not While	e 🗌	Acres de la	
	22. I certify	that (I) (thi	c.hacaital		the deceased from	10	1964 to S	extember 10 let
	that (I) (we)	/	1		Cant Sa	19 66 on	,	prinion death occurred on the day
		1/			1) (We) (did) (did not) v	,		
	23A. SIGNATU	1/1/1/1/	. 11					23 B. DATE SIGNED
	/	1/1/1	1/XM	lia	M.D. Atte	ending Med.	Stoff Phys.	
	23C. PHYSICIA	N'S	V/			23D. ADDRESS		
	NAME (T	Ra	phael I	Perez-M	era, M. D. M.D.	7306 Liberty	Rd. Balt.	21207, Md.
24/	BURIAL CRE	MATION, 24	B. DATE	/ 24C. N	AME of CEMETERY OF CRI	EMATORY 24	D. LOCATION	(City, town, or county) (State)
	Burial	specify)	12.411	/ Gr	eenmountf Cemet	ery-Greenmoun	t Ave. & Oli	ver-Balt., Md.
	A. DATE REC'D	BY HEALTH	DEPT,	0	OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
	SF	P 20 1	956 (1)	0.5	A Company of the Company	Loring Byer	s-8728 Liber	ty Rd. Randallstown
VS	150-REV. 1/1/	65				, .	++	

Together the second of the sec

The transfer of the state of th

AND THE RESERVE THE RESERVE THE PROPERTY OF TH

more at the state of the special and the state of the sta

altimore. Larvland 2121

IMPORTANT

DIRECTOR:

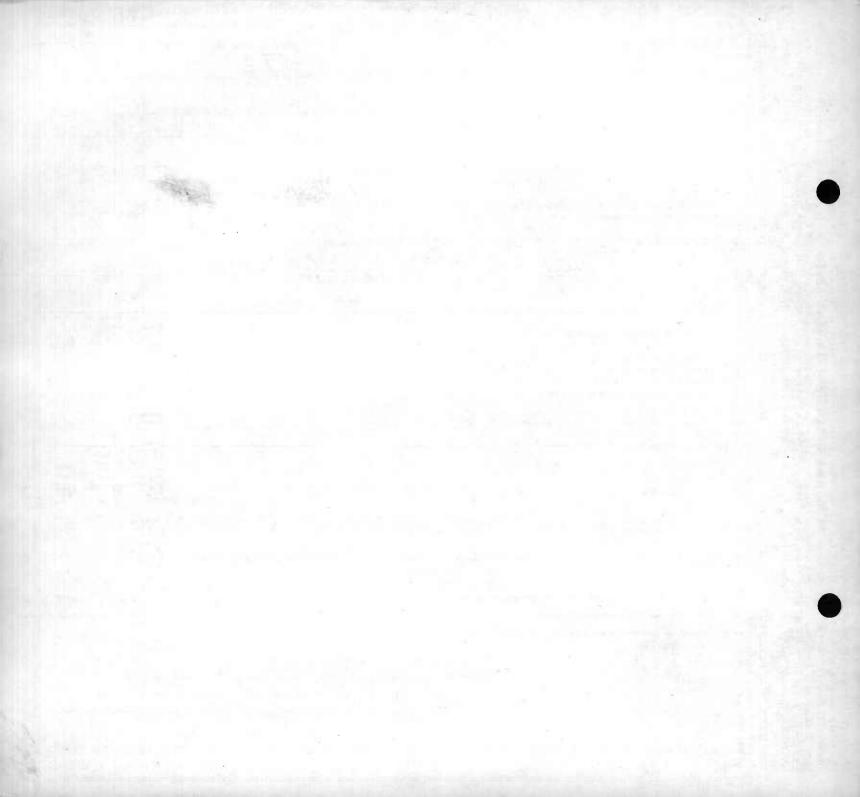
FUNERAL

VS 150-REV. 1/1/65

111 Page 1 a mark to an elli 1 - 1 - 1 - 1 The same was to be a selected as a

1723/66 Lad house of the to the want Acit Mysterytic Loutinis 322. 186 , COLUMN DESCRIPTION OF THE PROPERTY OF THE

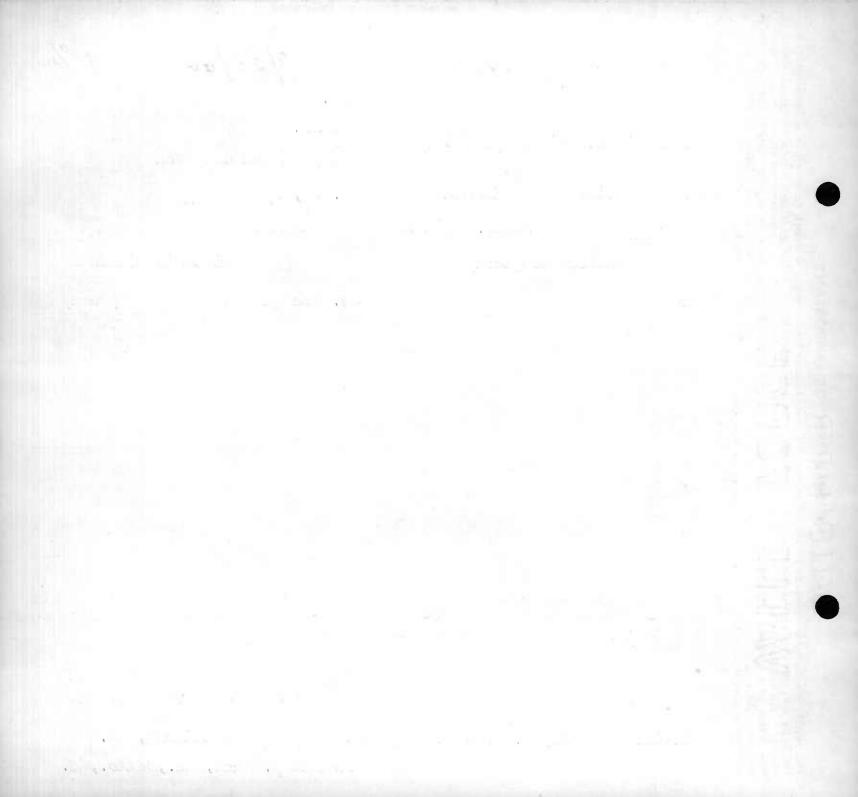
	GR DOOMO	BALTIMORE CITY	HEALTH DEPARTMENT		00 000000
	тн но. 66 09679	CERTIFICA	TE OF DEATH	Registered Na	66 09679
1,1	E CASE NO. NAME OF DECEASED pe or Print)	JOHNSOI	2. DATE AN	45 PM	9/18/66
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	0 01.10 0.2	4. USUAL RESIDENCE (Whe	re deceased lived. If institu	ution residence before admission)
	FULL NAME OF (If not in hospitol or institution of the second of the sec	on, give street	C. CITY-OR-TOWN (If any	Md.  Iside city limits, write RUR	AL and give township)
P	(INIOERSI by Ples	petal	Back	o. Md.	5200
	Balto. Md.		301 Ce	rurol, give location	
5. :		WED, DEVER MARRIED	11/26/1904	AGE (In years I	Under 1 Yr. If Under 24 Hrs. Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10 B. KIN Ene during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	MANNING	gn country?	2. CITIZEN OF
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		030
15.	Was Deceased Ever in U. S. Armed Forces?	ENGETT 116. SOCIAL	CORNE	ELIA	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or doles of servi	SECURITY NO.	MRS RUSIE 2	BRUOK :	SA
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH COLOR	Sim	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) M	10 Candial	moretari	-48 Louis
	(This does not meon the mode of dying, heart foilure, osthenio, etc. It means the dise injury or complication which caused deoth.)			A. P.	
F	ANTECEDENT CAUSES	(B)	euselentic	000	
	DISEASES OR CONDITIONS, if any, given is to the obove cause (A) stoling UNDERLYING CONDITION last.		w-e	***	
MOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TIN G THE			
ERTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 20 B. IF YES, WERE FINE	
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21C. WHERE DID three bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
MEDIC	OF INJURY	21E, INJURY OCCURRED  While At   Not While	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (N) (this hospital) attended	Work At Work		19 <u>6 6 ta</u>	2/17 1966.
	that () (we) last saw the deceased alive	9/17	119 66 and th		n death accurred an the date
	and haur and fram the causes stated abave	e((I) (We) (did) (did not) v	iew the bady after death.	23	B. DATE/SIGNED
	J. M. Dople	M.D. Atte	ending Med. Director	Stoff Phys.	9/18/66
	123C. PHYSICIAN'S INAME (Type) INAME (Type) INAME (Type)	HER M.D.	UNIVERSETY	Rospito	Q'
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CRI	- 10		lawn, ai caunty) (State)
254	BURIAL 9-22-64 A. DATE REC'D BY HEALTH DEPT. 258, NAM	MUCNT CALV	650 511115011 511500	PRUNDEL C	ADDRESS
		13 ms we - 1 " .	I. L BROWN IS	123 WiMo	WTGOMERY ST.
VS	150-REV. 1/1/65				



DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT	66 09681
BIRTH NO. 66 U9681 CERTIFICATE OF DEATH Registered No.	3001
M.E. CASE NO.  1. NAME OF DECEASED  2. DATE, AND HOUR OF DEATH	0.50/
(Type or Printy) = (leary: (larence) 9/25/66	9 /Am
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where declosed lived, If instit	lution: residence before admiss
A. STATE B. COUNTY	12 alt
FULL NAME OF (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)  (If outside city limits, write RUE)	1 Octobra
INSTITUTION Balto. #34	KAL ONG GIVE TOWNSHIP
House in The Pines (Belaire) D. STREET ADDRESS (If rurol, give location)	000
3117 Willoughby Road	
	If Under 1 Yr. , If Under 24
As a WIDOWED DIVORGED (specify) A lost birthdoy) A	Aonths Doys Hours Mi
70000 12,701	10 CITITEN OF
	12. CITIZEN OF WHAT COUNTRY?
Retired Penna. Railroad Maryland	USA
3. FATHER'S NAME	
Wesley Mc Cleary Minervia	Williams
5. Was Deceased Ever in U. S. Armed Forces? 11 6. SOCIAL 17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.  No. Ada (hason	(Same)
	(Same)
18. 4 20, 1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	7. 10
LEADING TO DEATH	2 milaia
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.)	7
ANTECEDENT CAUSES  (B)  DUE TO	
DISEASES OR CONDITIONS, if ony, giving	
rise to the above couse (A) stating the (C) UNDERLYING CONDITION last,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSI  OU 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore C	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF    home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
S OF INJURY	
(APPROX.)	1011
22. I certify that (I) (this hospital) attended the deceased from 1900 19 to 11/1	VT 20 19 6
that (1) (we) last sow the deceased alive an 4/10 1966 and that in (my) (or apinion)	on death accurred on the
and hour and from the causes stated abave. (1) (We) (did) (did wet) view the body after death.	
	38. DATE SIGNED
M.D. Attending Med. Stoff	at V-1011
Phys. Director Phys.	66 SOM 66
23C. PHYSICIAN'S TO MES T W/hito 23D. ADDRESS	Road
JAMES L. WILLY M.D. 5214 MAK PORD	TIONS
REMOVAL (Specify)	town, or county) (Stor
Burial 9/28/66 Parkwood (emetery Baltimore	e, Md.
25A. DATE REC'D BY HEALTH DEPT. 66 25B. NAME OF REGISTRAR Leonard J. Ruck, Inc., 1	ADDRESS,
Leonard J. Ruck, Inc., 1	Salto., Md.
V\$ 150-REV. 1/1/65	



VS 150-REV, 1/1/6S

HOLD ON MARKET MANY X MINORS

HOLD ON SECS HAR PORT

HOLD WAR AND MARKET MARKET WAS AND MANY X MINORS

LICHTON MANY MANY MANY X MINORS

LICHTON MANY X MINORS

Hills - Different - Total

The transfer of the Company of the C

The state of the s

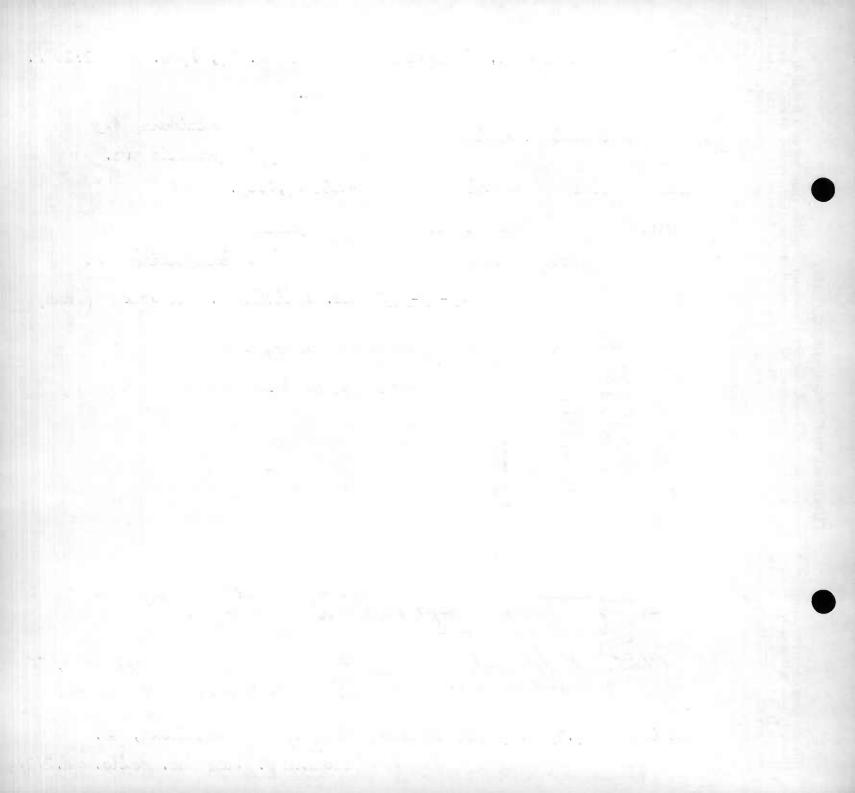
200

College

ING M. MICH ING COLD

FUNERAL DIRECTOR:

(If outside city limits, write RURAL and give township) ordelia Ave. If Under 1 Yr. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Same INTERVAL BETWEEN ONSET AND DEATH 30 min. 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) ond that in (my) (our) opinian death occurred on the date 23 B. DATE SIGNED



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

V.S. 153

The state of the state of

VS 150-REV, 1/1/65

213-61-76 76

## BIRTH NO. BERTH NO.

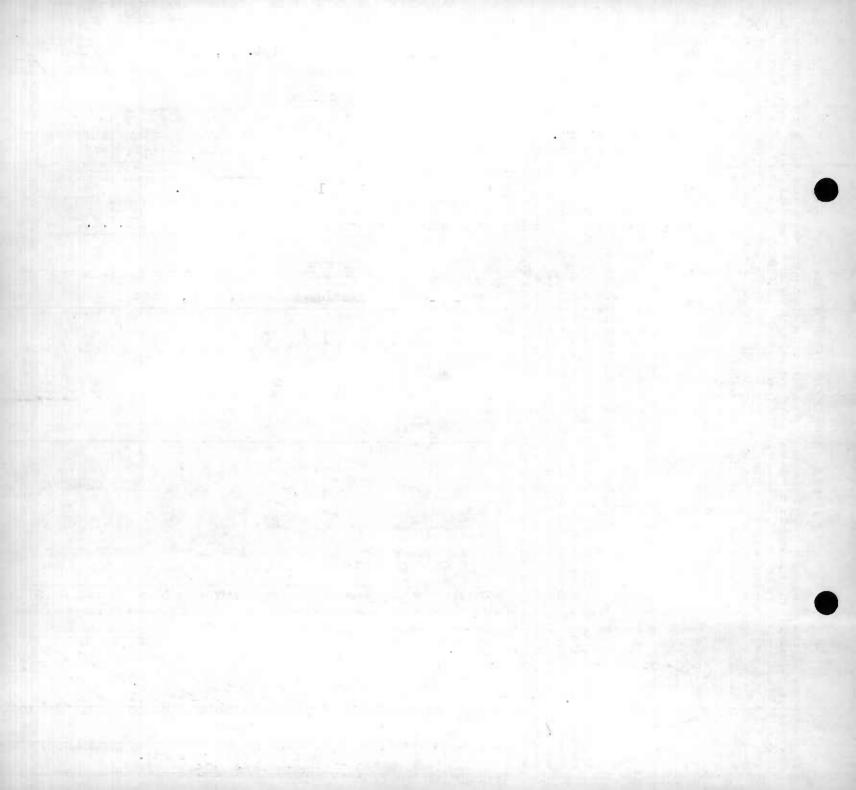
BIRTH NO.	WEDI	ICAL EXAMINER 5 CI	ERTIFICATE OF DEA	H Registered Not 10 0000
M.E. CASE NO.				
1. NAME OF DEC	EASED		2. DATE AND HOL	JR PRONOUNCED DEAD
	CHARLES Jose	0001.0		r 24, 1966   2:50 A M
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceos	ed lived. If institution: residence before admission.  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET		rote limits, write RURAL and give township)
7	2426 Green	mont Avenue	Baltimore D. STREET ADDRESS (If rurol, give lo	12.03
	020012			
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	2426 Greenmon	AGE (In years   If Under 1 Yr. If Under 24 Hr
	o. KACL	WIDOWED, DIVORCED (specify)	los	Months Days Hours Min.
Male	White	Divorced	3/20/1900	66
	JPATION (Give kind of work working life, even if retired)	TOR KIND OF BUSINESS OR INDUSTRY	111. BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUNTRY?
Musician	/ \	U.S. Navy	Baltimore, Md.	U.S.A.
3. FATHER'S NAM	VE '		14. MOTHER'S MAIDEN NAME	
Charles	F. Ceska		Marie S. Kaprakek	
5. WAS DECEASE	D EVER IN U.S. ARMED		17. INFORMANT	ADDRESS
	(If yes, give war or date	4 4		cousin.
yes	11/22/21 to		8 Margaret Schiming	ger, 3105 Wesver Ave, #7)
10.	2,/1	CAUSE	OF DEATH	ONSET AND DEATH
DISEA	SE OR CONDITION DI			
(This does	LEADING TO DEATH not mean the mode of	(V) VICELI	losclerotic Cardiova	scular
heort foilure,	osthenio, etc. It meons	the disease,	Disea	se
111007 07 00	inproducti Willell Goodge			
	INTECENDENT CAUSE			
DISEASES RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S1	NY, GIVING DUE TO		
UNDERLYIN	NG CONDITION LAST.			
No.		(C)		
O THE	II  NIFICANT CONDITIONS  DEATH BUT NOT REI  R CONDITION CAUSING	LATED TO THE		
19A, DATE OF		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) (20B. II	F YES, WERE FINDINGS CONSIDERED
Ö	WAS PER		IN CE	RTIFYING CAUSES OF DEATH?
ZIA. EXTERNA	L CAUSE WAS	218. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID (If in B	oltimore City, give exact location)
UTING CAU	OR CONTRIB- SE OF DEATH.	home, farm, factory, street, c	ffice bldg., INJURY OCCUR?	
OF INJURY (APPROX.)	(Month) (Doy) (Yeor		21F. HOW DID INJURY OF	CUR?
22.	tify that I held an I		apsy and that an this bas	is, death in my apInIan
resul	ted fram: Natural car	uses X Accident Suicid	e Homicide Undete	ermined manner
	1/ 1/1	B ()	CHIEF MEDICAL EXAMIN	ER 🗌
ACTUA		miller 1/2	ASSISTANT MEDICAL EXAMIN	DATE SIGNED
SIGNAT	The same of	M.D.	ASSOCIATE MEDICAL EXAMIN	
EXAMIN NAME (		r Breitenecker	ASSUCIATE MEDICAL EXAMIN	9/24/66
23A. BURIAL CRE		23C. NAME of CEMETERY of	CREMATORY 23D. LOCATI	
REMOVAL (Specif				
Burial	9/28/	66 Holy Redeemer		o., Md.
24A. DATE REC'D	BY HEALTH DEFT.	248. NAME OF REGISTRAR	Chimunek Funeral	Home . The.
	esp 96 19	100 1900	2601-02 OF F W	diam's Clarity
VC 161 PEV 1/1		N. C. 4. 7.3.	2601-03-05 E. Mad	uson Street #5
VS 151-REV. 1/1/	03			

DIRECTOR:

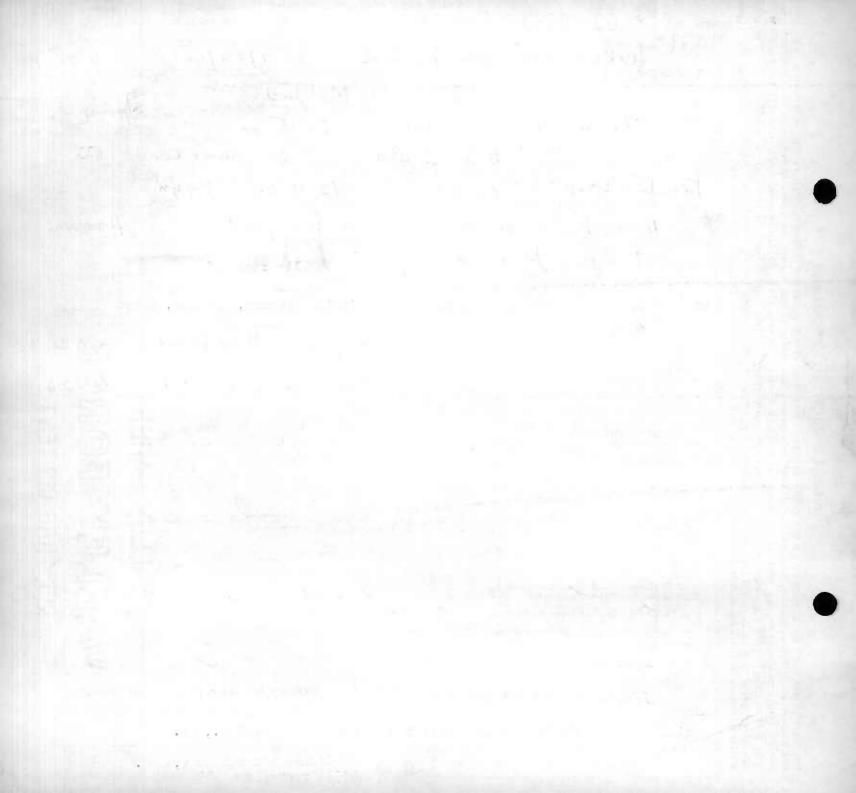
FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR:

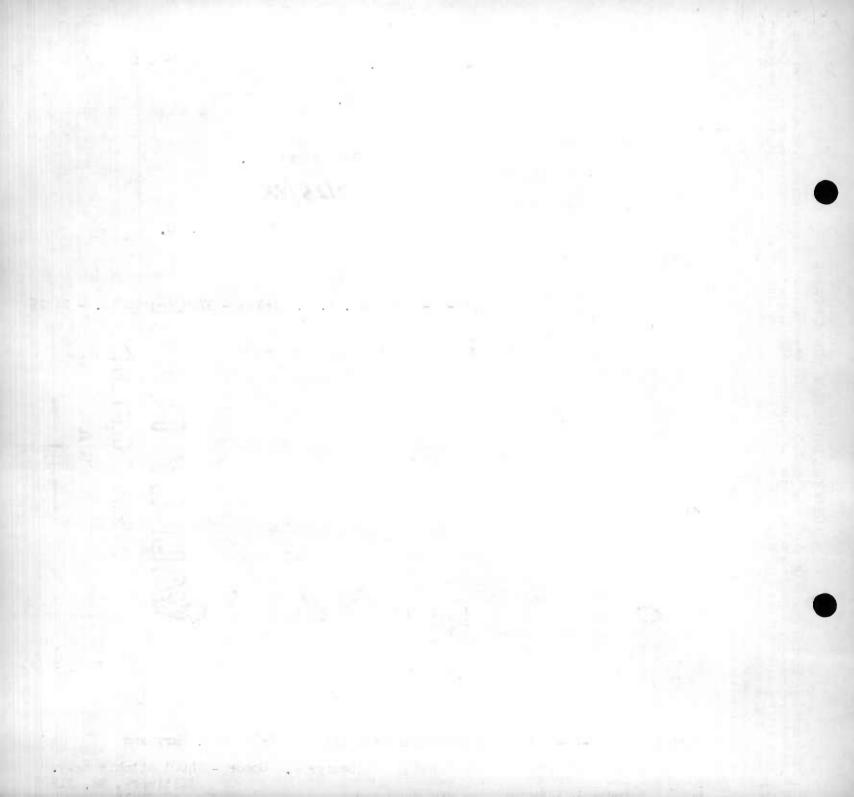


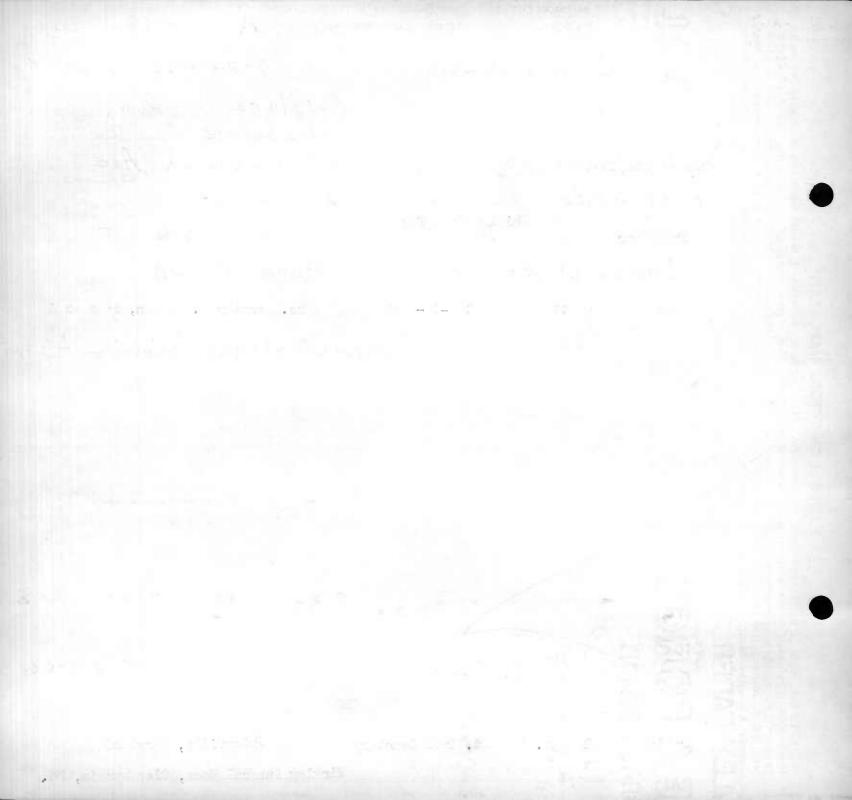
## BALTIMORE CITY HEALTH DEPARTMENT W-540 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 U9690

M.E. CASE NO.								
1. NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
	GEORGE	*	WIMMER			ptember 23,		2:07 Pm.
3. PLACE IN BALT	MORE, MARYLAND, W	HERE PRONOL	NCED DEAD	A. STATE		deceosed lived. If inst B. COL	itution: reside	ence before odmission)
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET		ryland	100000000000000000000000000000000000000	DIIDAI	1 = 1 = 1 = 1 = 1
HOSPITAL OR	ADDRESS OR LOCA	TION)				corporate limits, write	RUKAL ON	give township)
-	. 1	. 1			ltimore		9	01
John 1	Hopkins Hospi	tal		D. STREET ADDR	- 0 -		- 1/2	
				11		view Avenue		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)		1 Yr. If Under 24 Hrs. Doys : Hours , Min.
Male	White	Marrie	4	6/16/94		72		
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN	N OF COUNTRY?
William	vorking life, even if retired) Lans Helper	Local	Union B-28	Baltimore	. Marv	and	-	U.S.A.
13. FATHER'S NAM		Lacour	oniton page	14. MOTHER'S M.				
John Wimm	ner			Catherine	?			
15. WAS DECEASE	D EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT			ADDRESS	
(Yes, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.					
yes	MMJ		212-01-0245		mer, w	ife, above		ALTERIAL RETWEEN
18.	81/-		CAUSE	OF DEATH				INTERVAL BETWEEN
DISEAS	SE OR CONDITION DI							
(This does r	LEADING TO DEATH		(A) Arter	riosclerot	ic Card	iovascular		33aum = 200 = 2000 = 2000 = - = 0000 = 1
heort foilure,	osthenio, etc. It meons	the diseose,	DOL 10			Disease		
	INTECENDENT CAUSE		(B)					•••••• <del>••••</del>
RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	TATING THE	DUE TO					
	NG CONDITION LAST.		(C)					
<u>Ó</u>	*1		(0)					
OTHER SIGI	II NIFICANT CONDITIONS	CONTRIBUTII	NG					
O THE	DEATH BUT NOT REI	LATED TO T						
H-	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FI	NDINGS CO	ON SIDERED
2	WAS PER	FORMED			No	IN CERTIFYING CAU	SES OF DEA	KTH?
	L CAUSE WAS	21B.	PLACE OF INJURY (e.g.,	in or obout 21C. V	VHERE DID	If in Boltimore City, g	ive exoct loc	cotion)
O UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJURY	OCCUR?			
<b>一</b>			TE INTUING OCCURRED	015 116	DIV DID INII	INV OCCUPA		
OF INJURY	(Month) (Doy) (Year		1E. INJURY OCCURRED		DW DID INJU	INT OCCUR?		
(APPROX.)	The state of the s	m. V	VORK NOT	WHILE O				
22.	tify that I held on I	nauiry 🗍	inspection Au	topsy one	d that on thi	s bosis, death in	my opinion	
				h	h4			
resul	ted fram: Notural car	uses 🔀 A	sccident Suicid			Indetermined monn	01 [	
ACTUAL	1/1/	1	- 11		EDICAL EX			DATE SIGNED
SIGNAT		SIARU	M.D. M.D	ASSISTANT M				
EXAMIN NAME (	Type) Rudiger	Breite		ASSOCIATE M				9/24/66
23A. BURIAL CRE REMOVAL (Specify	(1)		C. NAME OF CEMETERY				, town, or co	ounty) (Stote)
Burial	9/27/6	6	Baltimore Nat	cional Cem	• M	aryland		
24A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	7 11		DDRESS
	SED 96 400	000	6-0 Z.O "	Schim		neral Home,	Inc.	
	SEL 70 120	9 Ulake	St. Lastey"	3331	rehms_	Lane #13		
VS 151-REV. 1/1/	65	1 1 1 1 1 1 1	A MINISTER	10				

AND MARKET REPORTED TO THE PARTY OF THE PART

hesperie, essenti





DIRECTOR:

FUNERAL

- A graph track REAR PORDER ME Bon Secure Hospital 113 E Hembert DK M W MARKELL Special Friedman Macyloge Paring Macylond Anthony Campagna Pts Chart wan -

VS 150-REV. 1/1/65

Alle e

. .

- 100 at 1

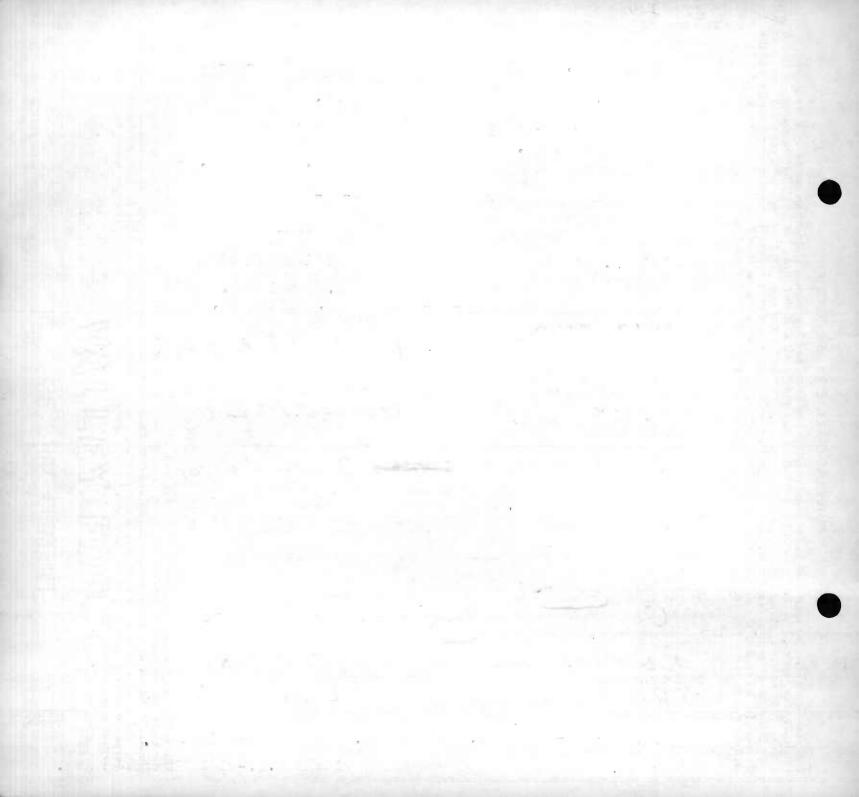
to manufact of the

Anne.

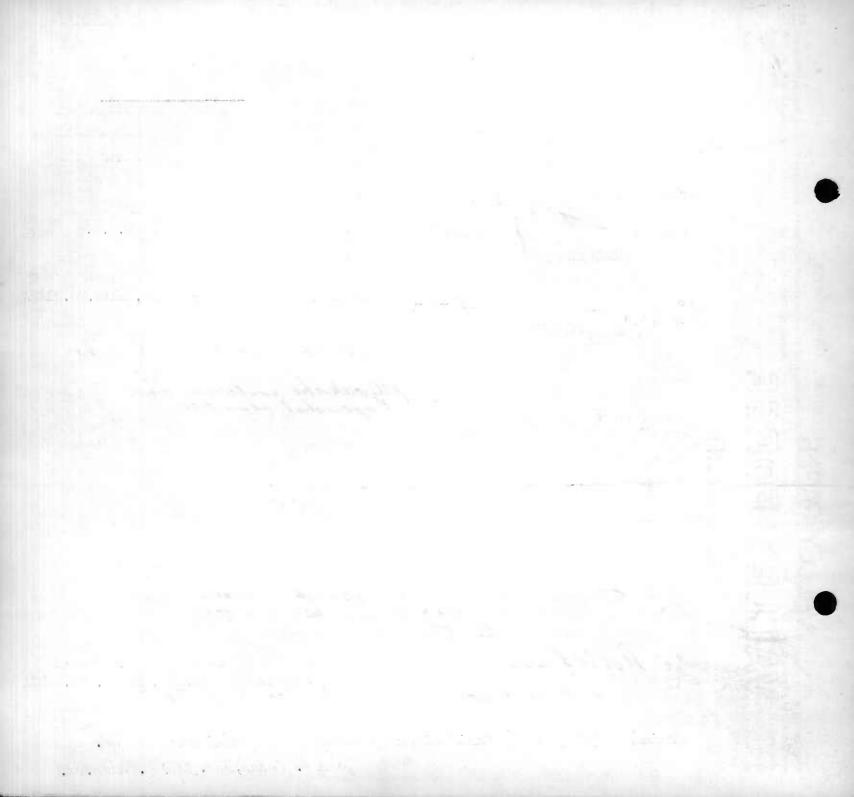
a dimension in the

Jehns. Herbin D.

BIRTH NO.	68 09696		CEDTIFICA	TE OF DEATH	Dantas and Ma	· 86 09695 -
			CERTIFICA	TE OF DEATH	Registered No	00 00000
NAME OF				2. DATE	AND HOUR OF DEAT	н
Type or Print)		En all			9-25-66	
PLACE OF	Gladys S. J. DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If	institution: rosidenco before admiss
				Md. B. COU	YTNL	
FULL NAM	NE OF (If not in hospital oddress or location	or institution,	give street			DIDAL
INSTITUTIO	N					RURAL and give township)
1/	Lutheran Ho			Baltimor D. STREET ADDRESS	Of rurol, give location)	20-6
1	Baltimore, 1	Md.				
. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
-	31 K/1 6 E		D, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
H'	CCUPATION (Give kind of work		ried	7-20-10	56	12. CITIZEN OF
	st of working life, even if retired)	TOB. KIND OF	BOSINESS OK INDOSIKI		reign country)	WHAT COUNTRY?
				Maryland		USA
3. FATHER'S	NAME			14. MOTHER'S MAIDEN N		
Cal	vin D. Steel	е		Lillian S	checles	
5. Was Doce	asod Ever in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANI	- C Til 7	ADDRESS
es, no or unkr	(If yos, give wor or dote		SECURITY NO.	17. INFORMANI Mr. Charle	es C. Engl	.e
118		7	319-07-3533	3 N. Hilt	on St.	INTERVAL RETAIRED
	0.14 260)		CAUSE	T DEATH		ONSET AND DEATH
DIS	SEASE OR CONDITION DIR LEADING TO DEATH	RECTLY	na	1.11	. P. f.	3 /
(This do	es not mean the mode of	dying, e.g.,	DUE TO	gocardial I	riardim	3 days
	ure, asthenia, etc. It means complication which caused					Y THE THE STATE OF
1111017 01			124	necte . A.	to 1 1. L.	The second secon
			(B)	my in the	evisaclerali	C.
DISEASE	ANTECEDENT CAUSES		DUE TO	just ong in Arr	h.	C.
	S OR CONDITIONS, if	any, giving	DUE TO	prestensive Av	Dislase	C
rise lo		any, giving	(C)	indiovoscular	Dichase	C
rise lo	S OR CONDITIONS, if the above cause (A)	any, giving	(C)		***************************************	C
vise lo UNDERL	S OR CONDITIONS, if the above cause (A) YING CONDITION last.	any, giving slating the	(C)		***************************************	C
OTHER S TO THE	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  I CONTROL CONDITIONS CEDEATH BUT NOT RELATED TO CONDITION CAUSING I	any, giving slating the ONTRIBUTING TO THE	G CO	Diabetes	Mellitus	
OTHER S TO THE	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  IGNIFICANT CONDITIONS CEDEATH BUT NOT RELA	ONTRIBUTING TO THE	G CO	Diabetes	Mellitus	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER S TO THI DISEASE 19A.DATI	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  IGNIFICANT CONDITIONS CEDEATH BUT NOT RELATED TO CONDITION CAUSING IS OF OPERATION 19B. CON WAS PERIOR	ONTRIBUTING THE TO THE TENT T	G E WHICH OPERATION	Diabetes  20A. AUTOPSY? (Yes or	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER S TO THI DISEASE 19 A. DATI	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slaling the ONTRIBUTING TO THE TO THE TOTAL TO	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, c	Diabetes	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C	
OTHER S TO THI DISEASE 19 A. DATI	S OR CONDITIONS, if the above cause (A) ING CONDITION last.  I IGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION CAUSING I E OF OPERATION 198. CON WAS PERICUENT WAS UNDERLYING	any, giving slating the CONTRIBUTION TO THE TO THE TOTAL TOT	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, c	20A. AUTOPSY? (Yes or	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER STO THIS	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  II IGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION CAUSING I E OF OPERATION 198. CON WAS PERI CIDENT WAS UNDERLYING RIBUTING CAUSE OF oitify modicol exominer)	ONTRIBUTING STORMED  21B hom otc.	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, c	20A. AUTOPSY? (Yes or	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER STO THIS	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  IGNIFICANT CONDITIONS CEDEATH BUT NOT RELA OR CONDITION CAUSING IS OF OPERATION 19B. CON WAS PERITURE CRIBUTING CAUSE OF CRIBUTING CAUSE OF CONTROL (Month) (Doy) (Year)	ONTRIBUTING TED TO TH T. DITION FOR V FORMED  21B, homotic. (Hour) 21E, Wh	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, c.)  INJURY OCCURRED  ile A1 Not Whi	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER STO THIS DISEASE 19 A. DATI	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  II IGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION CAUSING I E OF OPERATION 198. CON WAS PERI IDENT WAS UNDERLYING RIBUTING CAUSE OF totify modical examiner)  (Month) (Doy) (Year)	ONTRIBUTING TED TO THE DITION FOR V FORMED    218 homotics (Hour) 21E   Wh	WHICH OPERATION  PLACE OF INJURY (e.g., re, form, foctory, street, compared to the compared to	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)
OTHER STO THIS DISEASE 19A. DATE OF INJURY (APPROX.)  22. I cer	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  II IGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION CAUSING I E OF OPERATION 19B. CON WAS PERI EIDENT WAS UNDERLYING RIBUTING CAUSE OF totify modical examiner)  (Month) (Doy) (Year) Y	ONTRIBUTING STORMED TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, colory, str	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C  (If in Boltim  NJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ORE City, give exact location)
OTHER STO THIS DISEASE 19A. DATI	IN CONDITIONS, if the above cause (A) YING CONDITION last.  I IGNIFICANT CONDITIONS CEDEATH BUT NOT RELATED TO THE CONDITION CAUSING IT TO THE CAUSING IT TO T	ONTRIBUTING TED TO TH T.  ONTRIBUTING TED TO TH T.  21B. hom otc. (Hour) 21E. Wh Wo dalive on	WHICH OPERATION  PLACE OF INJURY (e.g., re, form, foctory, street, compared to the compared to	Diabetes  20A. AUTOPSY? (Yes or NO  in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID II	Mellitus  No) 20B. IF YES, WER IN CERTIFYING CO  (If in Boltim  NJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ORE City, give exact location)
OTHER STOTE TO THE	IN CONDITIONS, if the above cause (A) YING CONDITION last.  I CONDITION I LAST.  I CONDITION CAUSING I	ONTRIBUTING TED TO TH T.  ONTRIBUTING TED TO TH T.  21B. hom otc. (Hour) 21E. Wh Wo dalive on	WHICH OPERATION  PLACE OF INJURY (e.g., re, form, foctory, street, compared to the compared to	Diabetes  20A. AUTOPSY? (Yes or NO  in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID II	Mellitus  No) 20B. IF YES, WER IN CERTIFYING CO  (If in Boltim  NJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  tember 25 19 6
OTHER STONE TO THE DISEASE TO A CONTROL OF INJUR (APPROX.)  22. I certhat (I)	IN CONDITIONS, if the above cause (A) YING CONDITION last.  I CONDITION I LAST.  I CONDITION CAUSING I	ONTRIBUTING TED TO TH T.  ONTRIBUTING TED TO TH T.  21B. hom otc. (Hour) 21E. Wh Wo dalive on	WHICH OPERATION  PLACE OF INJURY (e.g., lee, form, foctory, street of the first of the first of the deceased from the de	20A. AUTOPSY? (Yes or No. 1) Abetes  20A. AUTOPSY? (Yes or No. 1) Abetes  21A. Autopsy. (Yes or No. 1) Abetes  21A. Autops	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C  (If in Boltim  NJURY OCCUR?  19 let to Len that in (my) ((our) o	E FINDINGS CONSIDERED AUSES OF DEATH?  OTE City, give exoct locotion)
OTHER STOTE TO THE	IN CONDITIONS, if the above cause (A) YING CONDITION last.  I CONDITION I LAST.  I CONDITION CAUSING I	ONTRIBUTING TED TO TH T.  ONTRIBUTING TED TO TH T.  21B. hom otc. (Hour) 21E. Wh Wo dalive on	WHICH OPERATION  PLACE OF INJURY (e.g., lee, form, foctory, street of the first of the first of the deceased from the de	20A. AUTOPSY? (Yes or No.)  In or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID II	Mellitus  No) 20B. IF YES, WER IN CERTIFYING CO  (If in Boltim  NJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  temper 25 19 6
OTHER STO THIS DISEASE 19A. ACCOR CONTO DEATH (r) (APPROX.)  21 Certhat (I) (ond hour 23A. SIGN 23C. PHYS	SOR CONDITIONS, if the above cause (A) YING CONDITION last.  III IGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION (AUSING I E OF OPERATION 198. CON WAS PERI IDENT WAS UNDERLYING RIBUTING CAUSE OF TOTIFY (Month) (Doy) (Yeor) Y  Tify that (1) (this hospital we) last saw the decease and from the couses stat ATURE	ONTRIBUTING TED TO TH T. DITION FOR V FORMED  21B hom otc. (Hour) 21E Wh wo dalive on ted obove. (I	WHICH OPERATION  PLACE OF INJURY (e.g., lee, form, foctory, street, color, foc	20A. AUTOPSY? (Yes or No.)  In or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID II	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C  (If in Boltim  NJURY OCCUR?  19 let to Lep that in (my) (our) on.	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct locotion)  pinion death occurred on the
OTHER STOT THIS DISEASE 19 A. DATI DISEASE 19 A. DATI DEATH (r) CONTROL OF INJUR (APPROX.)  22. I certhat (I) Cond hour 23 A. SIGN 23 C. PHYS	SOR CONDITIONS, if the above cause (A) YING CONDITION last.  III IGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION (AUSING I E OF OPERATION 198. CON WAS PERI IDENT WAS UNDERLYING RIBUTING CAUSE OF TOTIFY (Month) (Doy) (Yeor) Y  Tify that (1) (this hospital we) last saw the decease and from the couses stat ATURE	ONTRIBUTING TED TO TH T. DITION FOR V FORMED  21B hom otc. (Hour) 21E Wh wo dalive on ted obove. (I	WHICH OPERATION  PLACE OF INJURY (e.g., lee, form, foctory, street, color, foc	20A. AUTOPSY? (Yes or No.) In or obout 21C. WHERE DID (ffice bidg., INJURY OCCUR?  21F. HOW DID II  Letter here 22,  3, 19 Letter ond order death  onding Med. Director	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C  (If in Boltim  NJURY OCCUR?  19 let to Lep that in (my) (our) on.	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  temper 25 19 6
OTHER STO THIS DISEASE TO A CONTO TO THIS DISEASE TO A CONTO TO THE STO THIS DISEASE TO A CONTO THE STORY OF	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING TED TO TH T. DITION FOR V FORMED  218 hom otc. (Hour) 21E, Wh Wo  21 dalive on	WHICH OPERATION  PLACE OF INJURY (e.g., lee, form, foctory, street, color, foc	20A. AUTOPSY? (Yes or No. 1) Abetes  20A. AUTOPSY? (Yes or No. 1) Abetes  21F. HOW DID II  21F. HOW DID III  21F. HOW	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C  (If in Boltim  NJURY OCCUR?  19 let to Len that in (my) (our) on.  Stoff Phys All  21 Hospi	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct locotion)  pinion death occurred on the
OTHER STO THIS DISEASE 19 A. DATI DISEASE 19 A. DATI DEATH (r QAPPROX.)  22. I certhat (I) (approx.)  23. SIGN  23. SIGN  23. SIGN  23. SIGN	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  III IGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION (AUSING I E OF OPERATION 198. CON WAS PERI IDENT WAS UNDERLYING RIBUTING CAUSE OF totify modical examiner)  (Month) (Doy) (Year)  IT (Month) (Doy) (Year)	any, giving slaling the CONTRIBUTING TO THE TOTAL THE TO	WHICH OPERATION  PLACE OF INJURY (e.g., lee, form, foctory, street, color, foctory, street, color, fix At Work he deceased from M.D. Att Ph.	20A. AUTOPSY? (Yes or NO )  In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID II le ond view the body ofter death onding Med. Director 123D. ADDRESS  Luther 24D.	Mellitus  No) 20B. IF YES, WER IN CERTIFYING CO  (If in Boltim  NJURY OCCUR?  19 let to Len that in (my) (lour) so  Stoff Phys, III	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  tember 25 19 6  plinion death occurred on the  23B. DATE SIGNED  23B. DATE SIGNED  (Sto
OTHER STOTHIS IN TO THIS IN THE STOTHIS IN THE STOT	SOR CONDITIONS, if the above cause (A) YING CONDITION last.  IIGNIFICANT CONDITIONS CEDEATH BUT NOT RELA OR CONDITION CAUSING IS OF OPERATION 198. CON WAS PERIPORT (Month) (Doy) (Year)  IT (Month) (Doy) (Year)	any, giving slating the stating the statin	WHICH OPERATION  PLACE OF INJURY (e.g., le, form, foctory, street, coling and the deceased from the de	20A. AUTOPSY? (Yes or No on obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID III  Le ond view the body ofter death  23D. ADDRESS  Luther  EMATORY  24D.  Proposition of the condition of the conditi	Mellitus  No) 20B. IF YES, WER IN CERTIFYING CO  (If in Boltim  NJURY OCCUR?  19 let to Len that in (my) (our) so  Phys, III  LOCATION  rederick,	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  tember 25 19 6  pinion death occurred on the  23B. DATE SIGNED  9/25/66  City, town, or county) (Sto
NO THER STOTH TO THE STOTH TO T	S OR CONDITIONS, if the above cause (A) YING CONDITION last.  III IGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION (AUSING I E OF OPERATION 198. CON WAS PERI IDENT WAS UNDERLYING RIBUTING CAUSE OF totify modical examiner)  (Month) (Doy) (Year)  IT (Month) (Doy) (Year)	any, giving slating the stating the statin	WHICH OPERATION  PLACE OF INJURY (e.g., lee, form, foctory, street, color, foctory, street, color, fix At Work he deceased from M.D. Att Ph.	20A. AUTOPSY? (Yes or No	Mellitus  No) 20B. IF YES, WER IN CERTIFYING C  (If in Boltim  NJURY OCCUR?  19 44 to Len that in (my) (our) s  Phys All LOCATION  rederick, or	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  tember 25 19 6.  pinion death occurred on the  23B. DATE SIGNED  9/25/66  City, town, or county) (Sto



VS 150-REV. 1/1/65

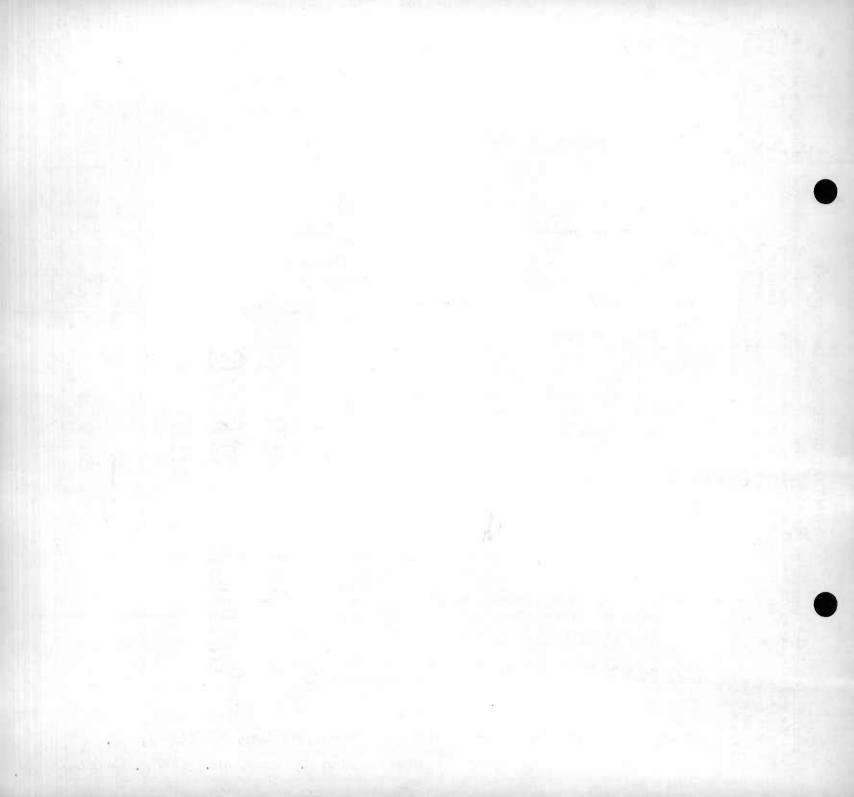


and

IMPORTANT

DIRECTOR:

FUNERAL



		N/52n	1 2 50	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 09699
~ W	BIR	TH NO. 66 00	500	CERTIFICA	JE OF DEATH	Registered Na	00 00000
an a	1.1	E CASE NO. UU U.	099	1-8	2. DATE	AND HOUR OF DEATH	4
A A A A de		pe or Print) We	ems, 1110	irgareth	tackson)	35 PM Se	pt. 24, 1966 M
Z X = 500 o =	3.	PLACE OF DEATH IN BALTIM	ORE, MARYLAND	7	4. USUAL RESIDENCE (W	here deceased lived, If in UNTY	stitution: residence before admission)
ET ospospie inc dec	20	FULL NAME OF (If not in	hospital or institution, g	ive street	MARYLAN	D	15-06
RIAL ALL		HOSPITAL OR oddress	Hopkins 1	los nital	C. CITY OR TOWN (If	outside city limits, write F	URAL and give township)
D O C O S O C	1	Soluis	HOPKINIS I	403 pilal	D. STREET ADDRESS	RE (If rurol, give location)	
ED Hing							-
A Price		SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
occu nrtril egu	5. :	FN		DIVORCED (specify)  EVER MARRI	ED 8/4/16	lost birthdov	Months Doys Hours Min.
0 0 - 0	104	USUAL OCCUPATION (Give ki	nd of work 10B. KIND OF	BUSINESS OR INDUSTR		and the same of th	12. CITIZEN OF WHAT COUNTRY?
det c	.o dor	and during most of working life, even			L. C.		U.S.A.
d C C de	13.	NONE	146	one	14. MOTHER'S MAIDEN N	IAME	IU.D.A.
- = 0€ 3±	dispo				HATTIE C	HADMAN	
Z tip pt		WILLIE WEE Was Deceased Ever in U. S. A	med Forces?	1 6. SOCIAL	17. INFORMANT	HAFHAN .	ADDRESS
A LAE	O (Ye	s, no or unknown) (If yes, give w	or or dates of service)	SECURITY NO.	Tottto Wasser	a Tuithamed 7	102 Md
A t t t t d d	_	NO IB.	:01:	None CAUSE	Hattie Weem	2 Partiet.A11	INTERVAL BETWEEN
PC is an	9	DISEASE OR CONDIT	TON DIRECTLY	MU I			ONSET AND DEATH
IMP or his Also, e of a		LEADING TO	DEATH	A L IS (A) DIO	eetine aortic	aneurysm	years
	_	(This daes not mean the heart failure, asthenia, etc.	mode of dying, e.g.,	DUE TO	3		0
OR: niner. iner. pro		injury ar camplication which	0/ 9	hus hus	entension	and	
T mim be		ANTECEDENT	CAUSES	DUE TO	~ 4001 4 7 00 1 1	· · · · · · · · · · · · · · · · · · ·	
EX X X X X X X X X X X X X X X X X X X	are	DISEASES OR CONDITIO	NS, if any, <b>Site</b> ings	1 5 (C) CA	ecting action extension llagen rasci	ilas diseas	Q
S   S   S   S   S   S   S   S   S   S		UNDERLYING CONDITION	last.	2 2 SA	3		
L D dica lical rns; sicio	main	11	Ü.	2			
A moder		OTHER SIGNIFICANT COND	OT RELATED TO TA	2			
ER ST	O A	19A. DATE OF OPERATION	198. CONDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	INDINGS CONSIDERED
FUN he chi by a 2) Boo	RTE	39/24/66	CLASECTIME O	with anewy	m Yes	IN CERTIFYING CA	1252 OL DEVIUS
		OR CONTRIBUTING CAUS	RLYING 21 B.	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
ital ital	be CAL	DEATH (notify medical examin					
d b spp	2	OF INITIDY		INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
94 0 0	, <u>r</u> ×	(APPROX.)	Whi				
pro the ny exc	<u> </u>	22. I certify that (I) (this	haspital) attended th		50 PM 9/23	19/0/2 10	35 PM 9/24 19 66
	0	that (1) (we) last sow the	deceased alive on	1:35 Pm 9	124 19 Ce Ce ond	that in (my) (our) opi	nion deoth occurred an the date
. 00-	φ.	ond hour and from the cau	ises stated obove. (1				
st be ased lent sspir	must	23A. SIGNATURE	n 02				23B. DATE SIGNED
must eleas ccide		Richard	6. Jarry		ys. Med. Director	Stoff Phy 5	7/24/64
0 - 0 - 5	0	23C. PHYSICIAN'S NAME (Type)	C		23D. ADDRESS		
was r An a	BAOJE DA	RICHA	RD G. PARE	RY, MD. M.E			
	24.	A. BURIAL CREMATION, 248. REMOVAL (Specify)	DATE 24C.NA	AME of CEMETERY OF C	REMATORY 24D	LOCATION (C	ty, town, or county) (State)
bod Vs:	e		, ,	easant Rest	To	wson, Balto	. Co. Md.
This certif the body shows: (1) was D.O./	25	A. DATE REC'D BY HEALTH D		F REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
二十 ちょう		SEP 26	1900 Bleet	E. Contrapas	Min. F. Ull	alunan/2-1	101 Mi. Celloh
	VS	150-REV. 1/1/65				153	alte. Nia.



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

DELENE BULLES MARKERUM TO GENERAL FOR THE MARTE 3 JOE EQUEBALE 20/12/140 634 HERRY IFE. dunis? MARIPURA ASSECUENT TESSET JAMEN OF JUNE YEARLEST (Andland) STORY THE TAKEN TO SEE SHOW THE SECOND SECON

T. NA	ME OF DEC	EASED						HOUR PRONOUNG		
	W	ILLIAM			SEXTON			mber 25, 1		4:00
3. PLA	CE IN BALTI	MORE MA	ARYLAND, W	HERE PRONOL	JN CED DEAD	A. STATE		deceased lived. If in: B. CO	UNTY	
FULL I	NAME OF	(IF NO	T IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		Maryland OWN (If outside	corporate limits, wri	Haric te RURAL o	
INSTIT	NOITU					3	Baddspoot:	Joppa	6	10-6
3	Jo	hns Ho	opkins 1	Hospita:	1	D. STREET AT	DDRESS (If rurol,		0 -	77 1
C APV				17 AA ARRIED	NEWER ALABRIED	B. DATE OF B		000000 121		a Road
5. SEX		6. RACE		WIDOWED,	NEVER MARRIED DIVORCED (specify)			9. AGE (In years lost birthdoy) 22	Months	Doys Hours
	ite	Ma]			TIECL F BUSINESS OR INDUSTR	Sept. 3			12. CITIZ	EN OF
done de	rk Lift	orking life, e	even if retired)	Lumbe			rille. Va.		WHA	T COUNTRY?
	HER'S NAM	4		200,100		14. MOTHER'S	MAIDEN NAME			
	Grov	rer Se	xton			Margi	e I. Mus	ser		
			U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMAN	IT		ADDRESS	S
	No				218-40-8591	Joann H	Sexton	, 1210 Jopp	a Road	d, Joppa
	(This does not heart foilure, injury or com	LEADING of meon osthenio, e application w	etc. It meons which coused	dying, e.g., the disease, death.)	DUE TO	iple Tra	umatic Ir	njuries		
CATION	(This does in heart foilure, injury or com  A DISEASES C RISE TO THE UNDERLYIN	LEADING of mean ostheno, enplication with the condition of the condition o	TO DEATH the mode of etc. It meons which coused TENT CAUSE TIONS, IF A CAUSE (A) S' ITION LAST.  II CONDITIONS	dying e.g., the disease, death.)  ES ANY, GIVING TATING THE	(B)(C)	iple Tra	umatic Ir	ijuries		ONSET AND
S	(This does in heart foilure, injury or com  A DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR	LEADING of meon osthenio, costhenio, costhen	TO DEATH the mode of etc. It mode of etc. It mode of the etc. It m	dying e.g., the disease, death.)  ES ANY, GIVING TATING THE  CONTRIBUTIT LATED TO T	(B)					
TIFICA	(This does in heart foilure, injury or com  A DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR	LEADING of meon osthenio, costhenio, costhen	TO DEATH the mode of etc. It mode of etc. It mode of the etc. It m	dying e.g., the disease, death.)  ES ANY, GIVING TATING THE  CONTRIBUTION LATED TO TO SIT. IDITION FOR	(B)(C)	20A. AUTO	PSY? (Yes or No)	ijuries 208. If Yes, Were F In Certifying Cal		ONSIDERED
MEDICAL CERTIFICA	This does in heart foilure, injury or come A A DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR A. DATE OF A. EXTERNAL IDERLYINGS. ING CAUS	LEADING of meon osthenio, costhenio, costhenio, costhenio, costhenio, costhenio, costhenio, costhenio, costhenio, costhenio, condition of the condition of the condition of the costhenio costhenio costhenio costhenio cost	TO DEATH the mode of etc. It mode of etc. It mode of etc. It mode of the etc. It mode of the etc. It mode of e	dying e.g., the disease, death.)  ES ANY, GIVING TATING THE  CONTRIBUTI LATED TO T GIT. IDITION FOR FORMED  21 B. home etc.)	(B)	20A. AUTO Y in or obout 21C office bldg., INJ	PSY? (Yes or No)  es  where DID  ury occur?  oute 40 N	208. IF YES, WERE F IN CERTIFYING CAU If in Boltimore City, Wear Harfor	give exoct le	ONSIDERED ATH? Yes
MEDICAL CERTIFICA	(This does in heart foilure, injury or com  A DISEASES ( RISE TO THE UNDERLYIN  OTHER SIGN TO THE IDISEASE OR A, DATE OF	LEADING of meon osthenio, costhenio, costhenio, costhenio, costhenio, costhenio, costhenio, costhenio, costhenio, costhenio, condition of the condition of the condition of the costhenio costhenio costhenio costhenio cost	TO DEATH the mode of etc. It means which coused  SENT CAUSE ITIONS, IF A CAUSE (A) S' ITION LAST.  II CONDITIONS UT NOT REI ON CAUSING WAS PER WAS RIB-	dying e.g., the disease, death.)  ES ANY, GIVING TATING THE  CONTRIBUTIL LATED TO	OUE TO  (B)	20A, AUTO Y in or obout 21C office bldg, RNJ R	PSY? (Yes or No) es where DID ury occur? oute 40 N	208. IF YES, WERE FIN CERTIFYING CAU  If in Boltimore City,  Vear Harfor  JRY OCCUR?	give exoct lo	ONSIDERED FATH? Yes occion)
MEDICAL CERTIFICA	(This does in heart foilure, injury or com  A DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR A. DATE OF  A. EXTERNAL IDERLYING TO CAUS  TIME INJURY PPROX.)	LEADING of meon osthenio, enplication w  NTECEND OR COND E ABOVE C OG COND  AIFICANT O  OPERATION  OPERATION  CAUSE V  OR CONTISE OF DEA	TO DEATH the mode of the mode of the coused  SENT CAUSE STIONS, IF A CAUSE (A) S' STION LAST.  II CONDITIONS UT NOT REI CONDITIONS U	dying e.g., the disease, death.)  ES  ANY, GIVING TATING THE  CONTRIBUTILATED TO TO TO IT.  IDITION FOR ETC.)  (Hour)  6 2:13	OUE TO  (B)	20A. AUTO	PSY? (Yes or No) es where DID ur occur? oute 40 r How DD INJU	208. IF YES, WERE F IN CERTIFYING CAU If in Boltimore City, Near Harfor JRY Occur? Accident	give exoct lo	CONSIDERED FATH? Yes occion)  line ed - Dr
MEDICAL CERTIFICA	THE SIGN TO SI	LEADING of mean osthenio, contenio, conplication w  NTECEND OR COND E ABOVE C G COND E ABOVE C G COND OF COND	TO DEATH the mode of etc. It means which coused  SENT CAUSE STITIONS, IF A CAUSE (A) S' STITION LAST.  II CONDITIONS UT NOT RE ON CAUSING N 198, CON WAS PER WAS RIB- LTH. (Doy) (Yeo)	dying e.g., the disease, death.)  ES ANY, GIVING TATING THE  CONTRIBUTILATED TO	OUE TO  (B) DUE TO  (C)	20 A. AUTO  in or obout 21 Coffice bldg. R  21 F.  WHILE X A  utapsy X  de Ham  CHIEF	PSY? (Yes or No) es WHERE DID OUTO 40 HOW DID INJU uto-Auto and that an thi	208. IF YES, WERE FIN CERTIFYING CAL If in Boltimore City, Vear Harfor IRY OCCUR? Accident is basis, death in Undetermined man	d Co.  Deceas	ONSIDERED Yes occion) line ed - Dr
MEDICAL CERTIFICA	OTHER SIGN TO THE DISEASE OR A. EXTERNAL IDERLYING CAUSE  DISEASE OR A. EXTERNAL IDERL	LEADING of mean osthenio, casthenio, casthen	TO DEATH the mode of etc. It means which coused  SENT CAUSE ITIONS, IF A CAUSE (A) S' ITION LAST.  II CONDITIONS UT NOT RE ON CAUSING N 198 CON WAS PER  WAS RIB- ITH.  (Doy) (Yeo) 25 16  held an 1	dying e.g., the disease, death.)  ES ANY, GIVING TATING THE  CONTRIBUTIL LATED TO	OUE TO  (B) DUE TO  (C)  NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, Street, Street  PLE: INJURY OCCURRED WHILE AT NOT NOT NORK  Inspection At Suici	20A. AUTO Y in or obout 21C office bldg., INJ R 21F. WHILE A utapsy X de Ham CHIEF D. ASSISTANT	PSY? (Yes of No) es usy occus? oute 40 N How bid inju uto-Auto and that an thi icide \( \bigcup \)	208. IF YES, WERE FIN CERTIFYING CAU  If in Boltimore City, Near Harfor IRY OCCUR?  Accident Is basis, death in Judetermined manual AMINER AMINER	d Co.  Deceas	ONSIDERED FATH? Yes occition) line ed - Dr:
MEDICAL CERTIFICA MEDICAL CERTIFICA 500 (VV 500 (VV 5	This does in heart foilure, injury or come and the control of the	LEADING of mean osthenio, control osthenio, conplication w  NTECEND OR COND E ABOVE C G COND OPERATION OPERATION  (Month)  9 ify that I red fram:  URE ER'S Type) MATION,	TO DEATH the mode of etc. It means which coused  SENT CAUSE ITIONS, IF A CAUSE (A) S' ITION LAST.  II CONDITIONS UT NOT RE ON CAUSING N 198 CON WAS PER  WAS RIB- ITH.  (Doy) (Yeo) 25 16  held an 1	dying e.g., the disease, death.)  ES ANY, GIVING TATING THE  CONTRIBUTIL LATED TO	OUE TO  (B) DUE TO  (C)  NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, Street, Street  PLE: INJURY OCCURRED WHILE AT NOT NOT NORK  Inspection At Suici	20A. AUTO Y in or obout 21C office bldg, INJ R 21F. WHILE A D. ASSISTANT ASSOCIATE	PSY? (Yes or No)  es  usy occus?  oute 40 N  How do inju  uto-Auto  and that an thi  icide  t  MEDICAL EX  MEDICAL EX	208. IF YES, WERE FIN CERTIFYING CAU  If in Boltimore City,  Near Harfor  IRY OCCUR?  Accident  Is basis, death in  Judetermined man.  AMINER   KAMINER   KAMINER	d Co.  Deceas	ONSIDERED EATH? Yes occition) line ed - Dr: n DATE SIG

BALTIMORE CITY HEALTH DEPARTMENT ce 119702

A.E. CASE NO.						
NAME OF DECI		TTYTE			ND HOUR PRONOUNC	
8		LLEN	POWELL		ember 25, 19	1
PLACE IN BALII	MORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	B. CQ	stitution: residence before odmissio UNIX ANTOPO
ULL NAME OF OSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryland c. CITY OR TOWN (If outs		te RURAL and give township)
ISTITUTION	ADDRESS OR LOCA	(11011)		Magnolia		62-07
Tohna	Nonlides Nos			D. STREET ADDRESS (If rure	ol, give location)	
Johns	Hopkins Hos	picai		Fort Hoyle	Road	
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
Male	White		DIVORCED (specify) Married	May 3, 1946		Months Doys Hours Min
A. USUAL OCCU	PATION (Give kind of wor			11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
ne during most of we	orking life, even if retired)		Tree	Washington,	D.C.	WHAT COUNTRY?
FATHER'S NAMI			1100	14. MOTHER'S MAIDEN NAM		
Arthur	H. Powell			Kathleen Kise	er	
	EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dote	s of service)	216-48-1940	Anthun II Dorrol	7 Fort Horr	lo Dd Magnalia
no				OF DEATH	LI, FORC MOY	le Rd, Magnolia,
DISEASES O	of meon the mode of ostherio, etc. If meons uplication which coused NTECENDENT CAUSE OR CONDITIONS, IF AS ABOVE CAUSE (A) S.	S NY, GIVING	(A) Multip DUE TO (B) DUE TO			
DISEASES OF RISE TO THE UNDERLYIN	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.  II  IIIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING	DUE TO  (B)  DUE TO  (C)			
DISEASES CORISE TO THE UN DERLYIN  OTHER SIGN TO THE LI DISEASE OR	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.  II  IIIFICANT CONDITIONS DEATH BUT NOT RE E CONDITION CAUSING	CONTRIBUTING TO	(B)	20A AUTOPSY? (Yes or N		IN DIN GS CONSIDERED
DISEASES OF RISE TO THE UNDERLYIN  OTHER SIGN TO THE EDISEASE OR	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.  II  IIIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING LATED TO T	(B)	20A. AUTOPSY? (Yes or No		JSES OF DEATH?
DISEASES OF RISE TO THE UN DERLYIN  OTHER SIGN TO THE DISEASE OR  19A. DATE OF	NTECENDENT CAUSE OF CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST,  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 19B. CON WAS PER	CONTRIBUTING LATED TO TO	(B)	Yes	D) 208. IF YES, WERE FI	ISES OF DEATH? Yes
DISEASES OF RISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A. DATE OF	NTECENDENT CAUSE CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE IS CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION FOR THE	DUE TO  (B)  DUE TO  (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., if form, foctory, street, of form, foctory, street, of the foctory, street, of the form, foctory, street, or the foctory, street, or the foctory, street, or the foc	Yes in or obout 21C, WHERE DID ffice bidg., INJURY OCCUR?	20B. IF YES, WERE FI IN CERTIFYING CAU	JSES OF DEATH? Yes
OTHER SIGN TO THE UNDERLYIN  OTHER SIGN TO THE UDISEASE OR  19A. DATE OF  21A. EXTERNAL UNDERLYING MUTING CAUS	NTECENDENT CAUSE OR CONDITIONS, IF A BOYE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 19B. CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR THE	OUE TO  (B)  DUE TO  (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., i, form, foctory, street, o	Yes in or obout 21C, WHERE DID ffice bidg., INJURY OCCUR?	O) 20B. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore City, g	JSES OF DEATH? Yes
DISEASES OF RISE TO THE UNDERLYIN  OTHER SIGN TO THE UDISEASE OR  19A. DATE OF  21A. EXTERNAL UNDERLYING	NTECENDENT CAUSE CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE IS CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS	CONTRIBUTION LATED TO	DUE TO  (B)  DUE TO  (C)	Yes in or obout 21C. WHERE DID ffice bidg, INJURY OCCUR? Route 40 r	O) 20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore City, gnear Harford) JURY OCCUR?	USES OF DEATH? Yes give exoct locotion) Co. line
OTHER SIGN TO THE UNDERLYIN  OTHER SIGN TO THE USEASE OR  19A. DATE OF  21A. EXTERNAL UNDERLYING UNTOR UCAUS	NTECENDENT CAUSE OF CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 19B. CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING TO	DUE TO  (B) DUE TO  (C)	Yes in or obout 21C, WHERE DID ffice bidg, INJURY OCCUR? Route 40 r 21F, HOW DID IN WHILE ORK	O) 20B. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore City, g near Harford JURY OCCUR? Accident De	Co. line  eceased - Passeng
OTHER SIGN TO THE UNDERLYIN  OTHER SIGN TO THE IDISEASE OR  19A. DATE OF  21A. EXTERNAL UNDERLYING M UTING CAUS  21D TIME OF INJURY (APPROX.)  22.   Certi	NTECENDENT CAUSE  R CONDITIONS, IF A BOYE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 9 25 66	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR THE	OUE TO  (B)  DUE TO  (C)	Yes in or obout 21C. WHERE DID ffice bidg, INJURY OCCUR? Route 40 r 21F. HOW DID IN WHILE X Auto-Auto apsy X and that an t	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore City, genear Harford JURY OCCUR? Accident De	give exoct locotion) Co. line  ecceased - Passeng
DISEASES OF RISE TO THE UNDERLYIN  OTHER SIGN TO THE UDISEASE OR  19A. DATE OF  21A. EXTERNAL UNDERLYING UTING CAUS  21D TIME OF INJURY (APPROX.)  22.   Certi	NTECENDENT CAUSE  R CONDITIONS, IF A BOYE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 9 25 66	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR THE	OUE TO  (B)  DUE TO  (C)	Yes in or obout 21C. WHERE DID iffice bidg, INJURY OCCUR? Route 40 r 21F. HOW DID IN WHILE Auto-Auto apsy and that an t	Ol 208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore City, genear Harford  JURY OCCUR?  Accident De  his basis, death in	give exoct locotion) Co. line  ecceased - Passeng
OTHER SIGN TO THE UNDERLYIN  OTHER SIGN TO THE UDISEASE OR  19A. DATE OF  21A. EXTERNAL UNDERLYING UNTING CAUS  21D TIME OF INJURY (APPROX.)  22. I certification	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS OR CONTRIB- IOF OF DEATH.  (Month) (Doy) (Yeo 9 25 166  Ify that I held an Inced from: Natural co	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR THE	DUE TO  (B)  DUE TO  (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., ion, foctory, street, oon street, oon street, oon street  THE INJURY OCCURRED  WHILE AT NOT NOT NORK  Inspection Autoricide  Accident Suicide	Yes in or obout 21c. WHERE DID ffice bidg, INJURY OCCUR? Route 40 r 21F, HOW DID IN WHILE Auto-Auto apsy and that an the CHIEF MEDICAL E	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore City, genear Harford JURY OCCUR? Accident Dechis basis, death in Undetermined mann	give exoct locotion) Co. line  ecceased - Passeng
OTHER SIGN TO THE UNDERLYIN  OTHER SIGN TO THE IDISEASE OR  19A. DATE OF  21A. EXTERNAL UNDERLYING ME UTING CAUS  21D TIME OF INJURY (APPROX.)  22. I certi	NTECENDENT CAUSE  R CONDITIONS, IF A BOYE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 9 25 66  ify that I held an I red from: Natural ca	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR THE	DUE TO  (B)  DUE TO  (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., ion, foctory, street, oon street, oon street, oon street  THE INJURY OCCURRED  WHILE AT NOT NOT NORK  Inspection Autoricide  Accident Suicide	Yes in or obout 21C. WHERE DID iffice bidg, INJURY OCCUR? Route 40 r 21F. HOW DID IN WHILE Auto-Auto apsy and that an t	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore City, genear Harford JURY OCCUR? Accident Dechis basis, death in Undetermined mann	co. line  ecceased - Passeng  my opinion  ner
DISEASES OF RISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR TO	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 19B. CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 9 25 66  Ify that I held an I red from: Natural ca	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  LATED TO T GIT.  IDITION FOR  PORMED  21 B. home etc.)  (Hour) 2 2:13 v  nquiry  uses	DUE TO  (B) DUE TO  (C)	Yes in or obout 21c. WHERE DID ffice bidg, INJURY OCCUR? Route 40 r 21F, HOW DID IN WHILE Auto-Auto apsy and that an the CHIEF MEDICAL E	O) 20B. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore City, genear Harford  JURY OCCUR?  Accident De  his basis, death in  Undetermined mann  EXAMINER   EXAMINER	give exoct locotion) Co. line  eceased - Passeng my opinion ner   DATE SIGNED
DISEASES OF RISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR TH	NTECENDENT CAUSE ARCONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 9 25 166  Ify that I held an I Hed from: Natural caused from: Natu	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  LATED TO T GIT.  IDITION FOR T FORMED  21B. home etc.)  1 (Hour) 2 2:13 v  nquiry uses 4  Breiter	DUE TO  (B) DUE TO  (C)	Yes in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? Route 40 r 21F. HOW DID IN Auto-Auto apsy and that an the Hamicide CHIEF MEDICAL E ASSOCIATE MEDICAL	O) 208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore City, genear Harford JURY OCCUR?  Accident De his bosis, death in Undetermined mann EXAMINER  EXAMINER  EXAMINER	JSES OF DEATH?  Yes  give exoct locotion)  Co. line  ecceased - Passeng  my opinion  ner   DATE SIGNED  9/25/66
DISEASES OR RISE TO THE UNDERLYIN  OTHER SIGN TO THE UNDERLYIN TO THE UNDERLYING WITH THE UNDERLYING WITH THE UNDERLYING WITH THE WALL SIGNATU EXAMINI NAME (TABURIAL CREA	NTECENDENT CAUSE  R CONDITIONS, IF A BOYE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 9 25 66  Ify that I held an I led from: Natural ca SIRE ER'S VPP) Rudiger MATION, 238. DATE	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING	DUE TO  (B) DUE TO  (C)	Yes in or obout 21C, WHERE DID ffice bidg, INJURY OCCUR? ROUTE 40 r  21F, HOW DID IN WHILE AUTO-AUTO  apsy X and that an the Hamicide CHIEF MEDICAL E ASSISTANT MEDICAL E ASSOCIATE MEDICAL F  CREMATORY 23D.	OF 20B. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore City, genear Harford  JURY OCCUR?  Accident December	give exact location) Co. line  eceased - Passeng my opinion ner   DATE SIGNED  9/25/66 y, town, or county) (Stote)
DISEASES OF RISE TO THE UNDERLYIN  OTHER SIGN TO THE UNDERLYING TO	NTECENDENT CAUSE  R CONDITIONS, IF A BOYE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 9 25 66  Ify that I held an I led from: Natural ca SIRE ER'S VPP) Rudiger MATION, 238. DATE	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING  CONTRI	DUE TO  (B)  DUE TO  (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., ion, foctory, street, oon Street  PLE INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	Yes in or obout 21C, WHERE DID ffice bidg, INJURY OCCUR? ROUTE 40 r  21F, HOW DID IN WHILE AUTO-AUTO  apsy X and that an the Hamicide CHIEF MEDICAL E ASSISTANT MEDICAL E ASSOCIATE MEDICAL F  CREMATORY 23D.	o) 208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore City, genear Harford JURY OCCUR?  Accident De his basis, death in Undetermined mann EXAMINER  EXAMINER  EXAMINER  LOCATION (City of Air	JSES OF DEATH?  Yes  give exoct locotion)  Co. line  ecceased - Passeng  my opinion  ner   DATE SIGNED  9/25/66
DISEASES OF RISE TO THE UNDERLYIN  OTHER SIGN TO THE UNDERLYING TO THE UNDERLYING TO THE UNDERLYING TO UNING TO CAUSE TO THE UNDERLYING TO	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT RE IIIFICANT CONDITIONS OPERATION 198. CON WAS PER CAUSE WAS OR CONTRIB- IS OF DEATH.  (Month) (Doy) (Yeo 9 25 66  Ify that I held an II INITIAL CONDITIONS IFY THE CONTRIB- IS OF DEATH.  (Month) (Doy) (Yeo 9 25 66  Ify that I held an IIIFICANT IIIIFICANT IIIFICANT IIIFICANT IIIFICANT IIIFICANT IIIFICANT IIIFICA	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING  CONTRIBUTI	DUE TO  (B) DUE TO  (C)	Yes in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? ROUTE 40 r  21F. HOW DID IN AUTO-AUTO  OPSY and that an the Hamicide CHIEF MEDICAL E ASSISTANT MEDICAL E ASSOCIATE MEDICAL E  CREMATORY 23D.  24C. FUNERAL DIRECTO	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore City, genear Harford )JURY OCCUR?  Accident De his bosis, death in Undetermined mann EXAMINER EXAMINER EXAMINER LOCATION (City POR	pive exoct locotion) Co. line  eceased - Passeng my opinion ner   DATE SIGNED  9/25/66 y, town, or county)  Harford Co., Md.

0	536	BALTIMO	RE CITY HEALTH DEPARTA	MENT	. 66 09703
BIRTH NO	66 09703	CERTI	FICATE OF DEA	TH Registered No	. 50 00700
M.E. CASE	OECEASED 1	111	2. [	DATE AND HOUR OF DEAT	
(Type or Prin	E/1/	MA SAN	DERS	9/2	5/64 1:30
3. PLACE O	DEATH IN BALTIMORE MA	ANTENIDE		CE (Where deceased lived, II B. COUNTY	institution; residence belore adi
TOCK NA	ME OF (If not in hospital	or institution, give street 10-5	-66 Md		and the second of
HOSPITAL	OK oddress of locollo	n) 10-5	C. CITY OR TOWN	(If outside city limits, write	e RURAL and give township)
)	1 1/.	1 - 1 - m	a Ballo.		
Mia	TOWN NUI	SING Homi	D. STREET AODRESS	(If rurol, give lacotion)	IT
777		12	110/6	e. Freecon	D1
S. SEX	6. RACE	7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (sp		9. AGE (In years lost birthday)	Months Doys Hours
-	C	MAKRIKA	110010	17 5/	To strictly of
	ost of working lile, even if retired)	10B. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stot	re or toreign country)	12. CITIZEN OF WHAT COUNTRY?
00	ok	KESTAURANI	ma		
13. FATHER'S	NAME /		14. MOTHER'S MAIL		>>
KI	ChARd	I hom AS	MATILA	A MILLEI	1
15. Wos Oec	nased Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY N	17. INFORMANT	T. I for how	ADDRESS
No	9	JEGORIII II	KoberT	SANders.	1107 6. Miles
1B.	70 V I	С	AUSE OF DEATH		INTERVAL BETWI
0	ISEASE OR CONDITION DI	RECTLY	0	on A.	ONSET AND DE
	LEADING TO DEATH	(A)_	Caremona E TO Welashas	tops means	
	aes not mean the made al iture, asthenia, etc. 11 means	dying, e.g., DUI	10	0 0	
injury o	r complication which coused	death,)	metastas	us - Tenerall	426
	ANTECEDENT CAUSES	501	TO	***************************************	J
	ES OR CONDITIONS, il the abave cause (A)				
	LYING CONDITION lost.	(0)			
_	11			C . (1 )	2 10
E TO TH	SIGNIFICANT CONDITIONS C	CONTRIBUTING ATED TO THE	revolerate (	ardes Vancala	appeare "
U 19A. DA	E OF OPERATION 198. CON	IDITION FOR WHICH OPERATION		es or No! 20B. IF YES. WER	E FINDINGS CONSIDERED
RILL	WAS PER	FORMED		IN CERTIFYING C	AUSES OF DEATH?
U 21 A. A.C	CIDENT WAS UNDERLYING	21B. PLACE OF INJU	IRY (e.g., in or obout 21 C. WHER street, office bldg., INJURY O	E DID (If in Boltim	ore City, give exact location)
	TRIBUTING CAUSE OF	etc.)	sireer, office ordg., INJOKI O	JCOK:	
21 D. TIA		(Hour) 21E, INJURY OCCUI	RRED 21F. HOW	DID INJURY OCCUR?	
S OF INJU			Not While		
		Work	At Work 4	1966	9/25 19
		1) attended the deceased fr	19 6G		
	(we) lost saw the decease	/			pinion deoth occurred on
and hou		ted abave. (I) (We) (did) (di	d nat) view the bady after	death.	23B, DATE SIGNED
23A. 31G	Charles VI	0	A.D. Attending D Med.	Sloff -	9/26/
20.0	men 8. 10	seller au	Phys. Direc	toi Phys.	0
NA NA	SIMAN'S ME (Type) JOSEPH	L S. BLUM	M.D. 23D. ADDRESS	VN. CAL	VERT )T
	CREMATION, 24B. DATE	24C. NAME OF CEMETE	RY OF CREMATORY	24D. LOCATION	(City, lown, or county)
BUI	1AL 9/29	166 (moule	co Man Pd.	astulus.	men th
25A. DATE	REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	2SC. FUNERAL D	DIRECTOR	ADDRESS
SF	26 1965 (20-	BE, STONEY MA	oseph .	4 . Locks V	1384). Centr.
VS 150-REV.	1/1/6\$		( ) /		

FUNERAL DIRECTOR: IMPORTANT

Letter from Attending Physician 10-5-66 M.H.

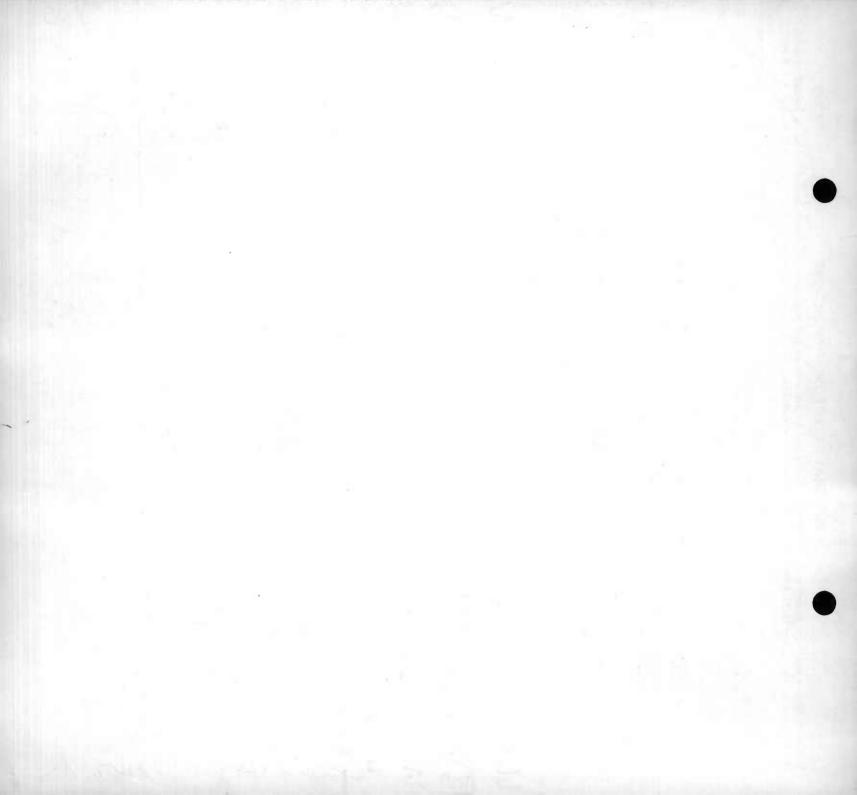
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL	This certificate must be approved by the chief me the body was released to the hospital by a med shows: (1) An accident of any nature; (2) Body bu was D.O.A. at a hospital (except where the phy deceased prior to death); and (6) No physician written approval must be obtained before the rer

3 2 3 3 3	BALTIMORE CIT	Y HEALTH DEPARTMENT		SS 1107102
BIRTH NO. 50 US / U4	CERTIFICA	ATE OF DEATH	Registered Na	66 09704
M.E. CASE NO.			HOUR OF DEATH	
Type or Print FRUMENTIU	C TOHNSO	A) 2. DATE AND	25/66	6.10 A
B. PLACE OF DEATH IN BALTIMORE MARYLAND	2 2041030	The HEIDENGE (When		stitution; residence before admission
TEACL OF DEATH IN DASHMONG MARIENTO		A. STATE B. COUNTY	deceosed lived. If the	stitution; residence before odmissi
FULL NAME OF (If not in hospital or institut	lion, give street	MD		1403
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If outside	de city limits, write R	URAL ond give lownship)
		BALTIMOR	E	
-dilli illi		D. STREET ADDRESS (If for	ol, give location)	
SINAI HOSPITA	1 _	11903 Mc C	ULL CH :	S+ #17
	RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 I Months Days Hours Min
M N WIDO	OWED, DIVORCED (specify)	10/21/87	st birthday)	Months Days Hours Min
OA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
one during most of working life, even if retired)				WHAT COUNTRY?
professional BLA	CHSMITH	BALTIMOI	2 8	U.S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
THOMAS		REbe	CCA	
	1 6. SOCIAL	17. INFORMANT		ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? Yes, no arunknown) (If yes, give war ar dates of serv	SECURITY NO.	DANGHTER DF DEATH RCINO MA Of 1	t1:-1	LOTE U.
No		DANGHIELL	- PLICA	DELL WANDRE
18. / 63 9	CAUSE	OF DEATH	1903 Mc	CDIC INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		, ,		GINSEL AND DEATH
LEADING TO DEATH	(A) CA	ranoma of 1	MTESTI NE	27 months
(This daes not meon the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
injury ar camplication which caused death.)	1036,			
ANTECEDENT CAUSES	(B)	**************************************		
DISEASES OR CONDITIONS, if ony, gi	DUE TO			118 - 8
rise to the above cause (A) stating	. *	~~~		
UNDERLYING CONDITION last.				
			10	
O OTHER SIGNIFICANT CONDITIONS CONTRIBL				
TO THE DEATH BUT NOT RELATED TO	Int			
19A. DATE OF OPERATION 19B. CONDITION F	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
	-	PARCIAL	(	16
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in at about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (natify medical examiner)	etc.)	omee oldg., Hajoki occok:	/	
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F, HOW DID INJUR	IX OCCUP?	
S OF INJURY	While At Not Wh		, OCCOR:	
(APPROX)	Work At Work			2 /
22. I certify that (1) (this hospital) attend	ed the deceased fram	9/4 19	66 to 9	125 1966
that (I) (we) lost sow the deceased alive	-D /	19.6.6 and that		7
		The state of the s	in(my) (our) opir	nian deorn accorred an rie i
and hour and from the causes stated abay	e. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				238. DATE SIGNED
Eduardo Itid	algo M.D. At	tending Med. St.	aff nys.	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	4160 M.D.	CIALA	Ynepi	7 11
		01/0/4/	70371	146
AA. BURIAL CREMATION. 248. DATE 24	C. NAME of CEMETERY of CI	REMATORY 24D. LOC	ATION (Cit	ly, Jawn, ar county) (State
Dunial 9/18/66	new Callvan	tral B	alto ne	
25A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	0101	ADDRESS
SEP 26 1965 PL LUS &	Taxis sylhala	Joseph W. h	w/ 1:	304n. Canal a
	0	(1) TV-, N'/	1-10	Company of the Compan
/S 150-REV. 1/1/65				

THE RESIDENCE OF THE PARTY. W M the first branch or the second series and the

IMPORTANT

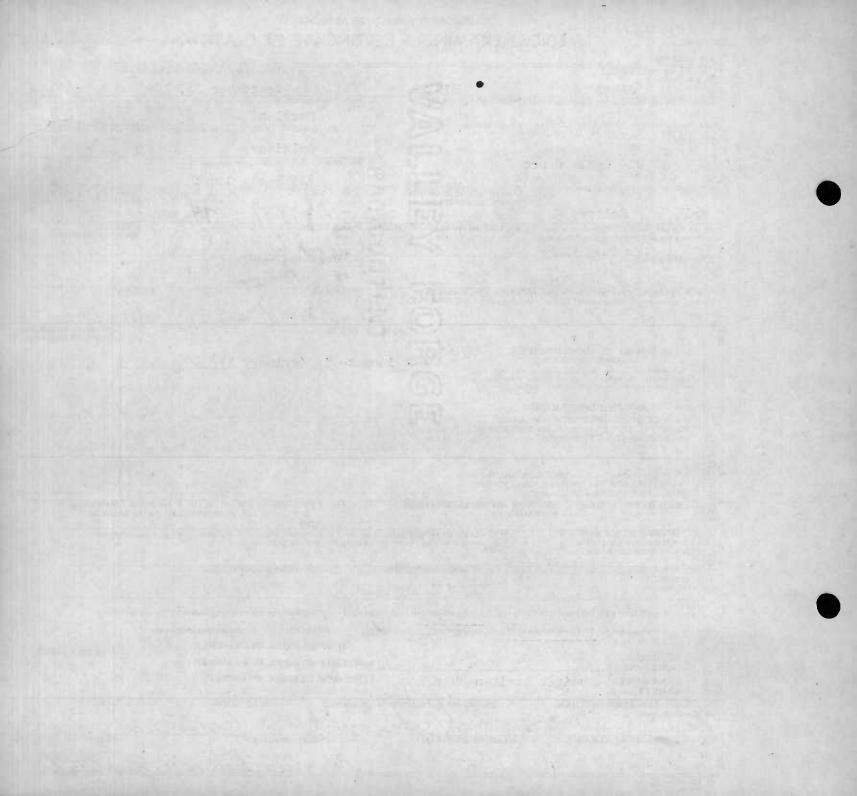
FUNERAL DIRECTOR:



M	23/
1	10

00 00 700 BIRTH NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 60 09706
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD

M.E. CASE NO.								
1. NAME OF DE	CEASED	NI di Angle Line		THE RELATION	2. DATE AND	HOUR PRONOUN	CED DEAD	
11,00 01 111110	JAMES	MEIS	TER		Septe	mber 23,	1966	2:40 Pm.
3. PLACE IN BAL	LTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAL	D	IA. STATE	Maryland	ceosed lived. If in	stitution: resid	dence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION, GIVE ATION)	STREET	C. CITY OR TO	WN (If outside	corporate limits, wi	ite RURAL or	nd give township)
5	224 Beale Co	sirt			Baltimore		6	-05
	224 Deale Oc	our c			224 Beale			
5. SEX	6. RACE	7. MARRIED, NEVER MAR WIDOWED, DIVORCED(S		8. DATE OF BIRT	TH .	9. AGE (In year	Months :	1 Yr. If Under 24 Hrs. Doys   Hours   Min.
Male	Colored	PRINCE STATE OF BUSINESS OF	OR INDUSTRY	10-14.	-/88/	734 country)	12. CITIZI	FN OF
	Workingslife, even if felired			Cahen	A-C)	mel	WHA	T COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S M	ANDEN NAME			
S WAS DECEAS	SED EVER IN U.S. ARME			17. INFORMANT	Rmor	<u> </u>	ADDRESS	
	n) (If yes, give wor or do		1 NO.	Dn 1	H h	4	0	
	140		The H	Myate	eu / ru	usee	sa	w
1B.	912		CAUSE	OF DEATH				ONSET AND DEATH
DISEA	ASE OR CONDITION D	DIRECTLY						
	LEADING TO DEAT	H (A)	Carcin	nomatosis	(primary	?)		
(This does	not meon the mode of e, osthenio, etc. It meon	of dying, e.g.,	IE TO		····			- • • • • • • • • • • • • • • • • • • •
injury or c	omplication which coused	death.)					25400	
	ANTECENIDENT CALL	P.C.						
DICEACEC	ANTECENDENT CAUS	(P)	·					
	OR CONDITIONS, IF	ANY, GIVING DI	UE TO					
	ING CONDITION LAST							
Z		(C)		•••••				••••••••••••••••••••••••
5	11							
O TO THE	GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO THE						,
E 19A. DATE C	F OPERATION 198, CO	NDITION FOR WHICH OPER	RATION	20 A. AUTOPS		B. IF YES, WERE		
S SYTERN	AL CAUSE WAS		LILIAY (		no			
O UNDERLYING	OR CONTRIB-	21 B. PLACE OF IN home, form, focto etc.)	ory, street,	office bldg., INJUR	Y OCCUR?	in Boltimore City,	give exoci ic	CONON!
Z 21D TIME	(Month) (Doy) (Ye	or) (Hour) 21E. INJURY	OCCURRED	21 F. H	IOW DID INJUR	Y OCCUR?		
(APPROX.)		m. WHILE AT	NOT AT W	WHILE ORK				
22.	ertify that I held on	Inquiry Inspectio	n X Au	tapsy on	nd that an this	bosis, death In	my opinio	n
resu	ulted from: Notural c	Accident _	Suicid	le Homic	ide Un	determined man	ner 🗌	
ACTUA	- 11	moling.	1	CHIEF M	MEDICAL EXA			DATE SIGNED
SIGNA' EXAMI NAME	NER'S Rudige	r Breitenecker	7		MEDICAL EXA			9/24/66
23A. BURIAL CR	EMATION, 23B DATE	23C. NAME of	CEMETERY	OF CREMATORY	23D. LO	CATION (Ci	ty, town, or	county) (Stote)
Summer Special	477	8-66 htl	utu	u Cert	-	Balto	me	mel
	SEP 26 1966	24B, NAME OF REGISTRA		EII.	RAL DIRECTOR	1	. 0	ADDRESS
		Lie 22 Con a Contra	Service Manual	KKIB	90.Wil	son 100	ma	ulleykr
VS 151-REV. 1/1	1/02			1				



VS 150-REV. 1/1/65

Zh

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

(If autside city limits, write RURAL and give lownship If Under 1 Yr. If Und Months: Doys Haurs: If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...ond that in (my) (our) opinion death occurred on the date or county)

Letter from Church Home and Hospital 10-6-66 M.H.

1

- }

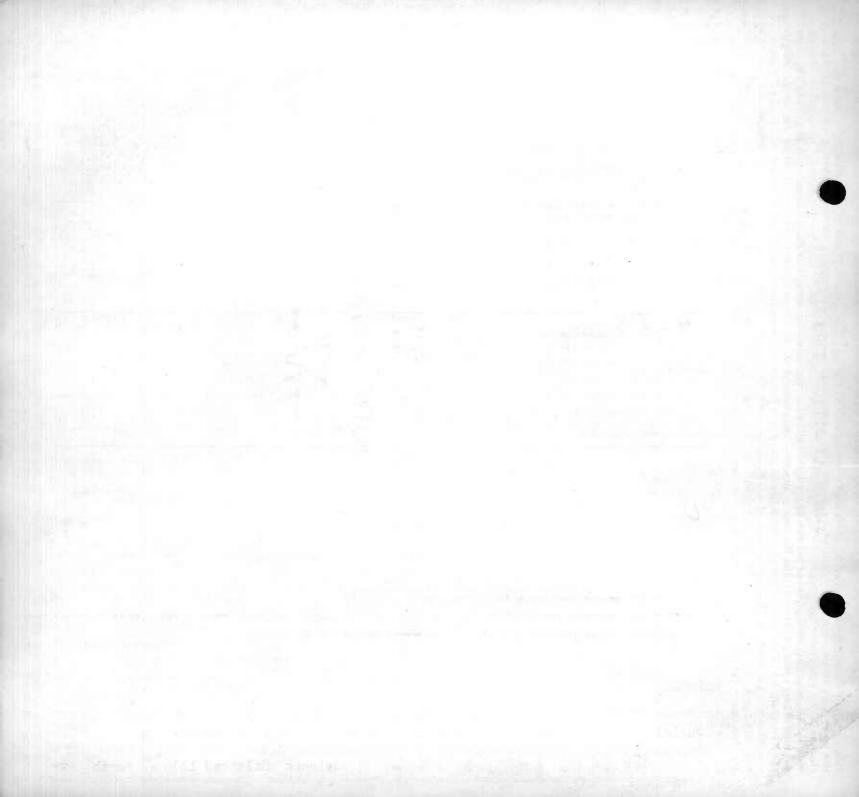
i

03

а						
7	BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DE
	M.E. CASE NO.					

M.E. CASE NO.	CEACED				In parts and House Bronou	NCED DEAD	
Type or Print)	WARRE	N D	SMITH		2. DATE AND HOUR PRONOU		10.55 D
DI ACE IN DAI				The street of the	September 25, 1		10:55 P. <sub>M.</sub>
S. PLACE IN BA	LTIMORE, MARYLAND, V	WHERE PRONO	ONCED DEAD	IIA. STATE	R. I	COUNTY	nce delote damission)
ULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	TUTION, GIVE STREET		ryland	's DIIDAI	
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOW	/N (If outside corporate limits,	Write KU KAL ond	give to whship)
					ļtimore	de .	-07
Uni	versity Hospi	tal	(D)	STREET ADDR	ESS (If rurol, give locotion)		
				770	O Cranston Stree	t	
5. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	ors If Under 1	Yr. If Under 24 Hrs.
Mala	Manna		DIVORCED (specify)	30/0/	lost birthdoy)	Month's D	oys Hours Min.
Male	Negro		gle OF BUSINESS OR INDUSTR	12/9/	47 18	12. CITIZEN	. 05
	f working life, even if retired)		DE ROZINEZZ OK INDOZIK	III. BIKIHPLACE G	store or roter gn country?		COUNTRY?
	mployed			Baltim		U	SA
3. FATHER'S NA	ME			14. MOTHER'S MA	AIDEN NAME		
Roosev	elt Smith			Margar	et Randell		
5. WAS DECEAS	SED EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT	200114057	ADDRESS	
Yes, no or unknow	(If yes, give wor or dol	tes of service)	SECURITY NO.	35 -	Managarah David-3	7 770	C
IAO				M S	Margaret Randel	1 770	Grantley S
18.	24 Y	114.3.4	CAUSI	E OF DEATH			NTERVAL BETWEEN
Dice	ACT OR CONDITION T	NACTI V					MISEL AND DEATH
DISEA	ASE OR CONDITION D	H	G111	nshot wound	d of back		
(This does	not mean the mode o	of dying, e.g.	(A)				••••••
injury or c	e, osthenio, etc. It mean omplication which coused	deoth.)					
	ANTECENDENT CAUS		(B)				
	OR CONDITIONS, IF . HE ABOVE CAUSE (A) !		DUE TO				4
	ING CONDITION LAST.						
Z			(C)	•••••			
Ĕ	11						
OTHER SIG	GNIFICANT CONDITIONS						
DISEASE	DEATH BUT NOT R		THE		<b>4</b>		
<u> </u>	F OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B, IF YES, WER	FINDINGS CO	NSIDERED
2	WAS PE	RFORMED		Yes	IN CERTIFYING C	AUSES OF DEAT	TH?
21 A. EXTERN	AL CAUSE WAS	218	PLACE OF INTURY (e.g.			give exact loca	otion)
UNDERLYING	OR CONTRIB-	hom	ne, form, foctory, street,		HERE DID (If in Boltimore City OCCUR?		,
Jul 1	USE OF DEATH.	etc.	Street	Pre	eston and Etting	Streets	
21 D TIME	(Month) (Doy) (Yes	or) (Hour)	21E. INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR? Sh	ot by of	F duty poli
OF INJURY	-25-66 10:1	.5 P.	WHILE AT - NOT			_	
		m.	WHILE AT NOT	WHILE YORK Off:	icer after purse	Snatchi	ng
22.	ertify that I held on	Inquiry	Inspection Au	topsy X ond	that on this bosis, death	in my opinion	
resu	ulted from: Notural co	ouses	Accident Suicid	de Homicia	de X Undetermined mo	inner 🗀	
		7	0-1	CHIEF ME	DICAL EXAMINER		DATE SIGNED
ACTUA		2 J	ant un	ASSISTANT ME	EDICAL EXAMINER X		DATE STORED
SIGNA		2 2 /			EDICAL EXAMINER	Sentember	r 26, 1966
NAME	(Type)		ingate, M.D.				
		2					unty) (Stote)
		166	Mt Galvary	Cenetry	A A Count	ty Md	
					AL DIRECTOR	AF	DRESS
OR DATE DECT				Z-10. FUNEKA	A DIRECTOR	AU	
4A. DATE REC'	DENTHEALTH DEPT.	pro les al la company de la co					
AA. DATE REC'	ANEL 10 6. 1904	pro les al la company de la co	W. C. Subracy W.	Adol	phus Halstead ]	. 11	North Ave
23A. BURIAL CR REMOVAL (Spec Buria)	ify) 9/30/	166	Mt Galvary		A A Count	ty Md	unty) (Stote

	BALTIMORE CITY	HEALTH DEPARTMENT		66 09711
BIRTH NO.  M.E. CASE NO.  66 U9711	CERTIFICA	TE OF DEATH	Registered Na	00 00/11
I, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Printle Elmer 5	mith	25	Sent	1966 10:20 k
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution; residence before admission
		A. STATE B. COUN	TY II	
FULL NAME OF (If not in hospital or insti	tution, give street	Maryland	Dalt	city
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	side city limits, write RI	URAL and give township)
/	1 1	1 Baltim	ove	10-02
University No	05DITAL		rurol, give location)	17
aniversity		209 11)	ood year	r 54
SEX 6. RACE / 7. MA	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
	DOWED, DIVORCED (specify)	2/2/20	lost birthdoy)	Months Doys Hours Min.
/ / / /	Widowed	3/3/03	63	
DA. USUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working the, even it remedy		Abbam	0	11514
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	45	NOF
1. 1. 1. (	0.			
Wimberly Smit	N	Vettie	Collier	
5. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
es, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	la servi ta	record	<
		riospila	140010	(3
18.4 45 X	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1 1		ONSET AND DEATH
LEADING TO DEATH	(A)	Uremia		dmo
(This does not mean the mode of dying,		9 T a an american de 19 a fan an an an a fan an a 17 a 19	(	
heart failure, asthenia, etc. It means the di		$\bigcap_{i=1}^{n} 1_i$	101,200,10	7 1
ANTECEDENT CAUSES	(B)	lalianant	rigiperte	uson · a mo
	DUE TO			
DISEASES OR CONDITIONS, if ony, rise to the obave couse (A) stating		9	1	
UNDERLYING CONDITION last.	g lhe (C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRI	RUTING			
TO THE DEATH BUT NOT RELATED T				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPEN TION	120 A Down /V ht-	0.00	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME				
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	fice bldg. INJURY OCCUP?	(If in Boltimore	City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hou	) 21E, INJURY OCCURRED	21F. HOW DID INJ	IRY OCCILE?	
S OF INJURY	While At Not Whi		OKI OCCOR	
(APPROX.)	Work At Work			1 - 11
22. I certify that (this haspital) atter	nded the deceased from	9/16/	966 10 9	125 10/06
	0/25			170
that (we) last saw the deceased aliv	. /		at in <del>(my</del> ) (aur) apin	ian death accurred an the d
and hour and from the causes stated ab	ave. (We) (did) (did not)	view the bady after death.		
23A. 9 GNATURE	// /			23 B. DATE SIGNED
Museus Li Xle		ending Med.	Stoff	9/25/2/
THE BLACK OF THE	wase my Phy		Phys.	1/00/00
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	//	' / /
	M.D.	(Iniversit	4 HOSD	1 +21
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR		CATION (City	, town, or county) (State)
Purial 9/30/66				
			A County	
SEP 26 1966	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 26 1966 (1)	at E. Falley K. R.	Adolphus Ha	1stead 1206	W North Ave
/S 150-REV. 1/1/65				



The state of the s

VS 151-REV. 1/1/65

## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 09713

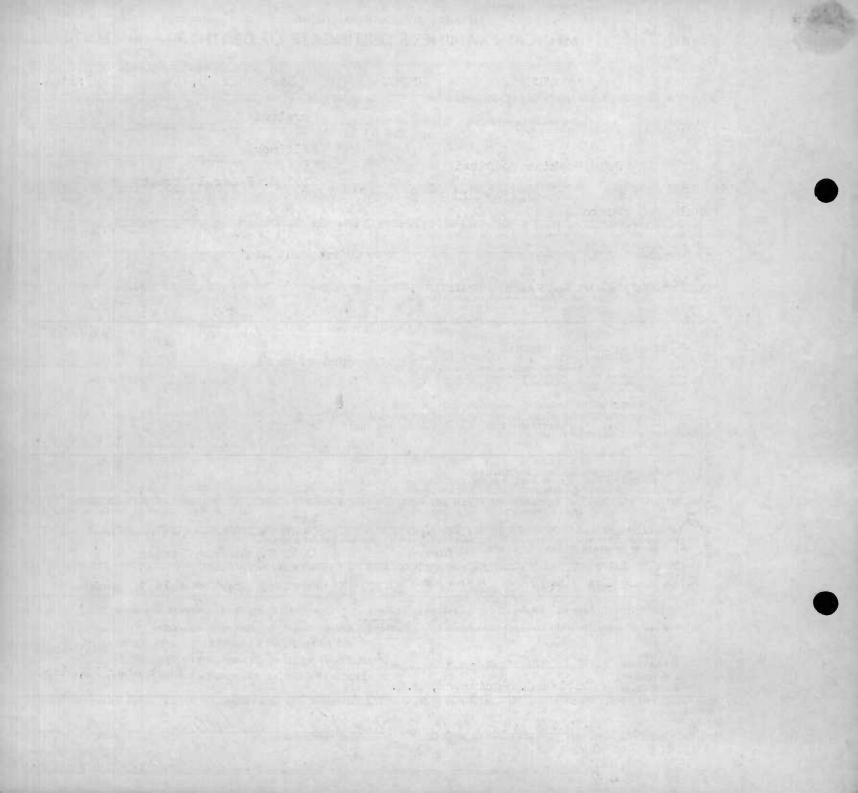
M.E. CASE NO.				
NAME OF DECEASED Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD			
WILLIAM J. HURD	September 23, 1966 6:15 P M.			
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A. STATE  B. COUNTY			
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland			
HOSPITAL OR ADDRESS OR LOCATION) NISTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
0570 24 2 44 4	Baltimore			
2573 McCulloh Street	D. STREET ADDRESS (If rurol, give location)			
	2573 McC#11oh Street			
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr, If Under 24 Hrs.   Months, Doys, Hours, Min.			
Male Colored 9111 devent	Cano 6 1908 58			
OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY				
A A CA	There love mid What country?			
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
L. R. W. J.	1 De mais Hand			
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS			
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mar. III amegan			
100	Stilliam Neval - 23 13 Nichellah St			
1B. CAUSE	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY				
(A)	riosclerotic Cardiovascular			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.	Disease			
ANTECENDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO				
UNDERLYING CONDITION LAST.				
ō				
2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)   20 B. IF YES, WERE FINDINGS CONSIDERED			
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?			
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)			
UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?			
OF INJURY	21F. HOW DID INJURY OCCUR?			
m. WORK LI AT W	WHILE O			
22. I certify that I held on Inquiry Inspection X Aut	topsy ond that on this bosis, death in my opinion			
resulted from: Notweel couses X Accident Sulcid				
ACTUAL //XI	CHIEF MEDICAL EXAMINER DATE SIGNED			
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER			
EXAMINER'S Projection	ASSOCIATE MEDICAL EXAMINER 9/24/66			
NAME (Type) Rudiger Breitenecker,				
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)			
Dunal det. 28 1960 MT. Cil	un em Hestput md			
4A. DATE REC'D BY HEALTH BEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS			
SFP 28 1988 A / FP Sulleury	74.10, 80 h. 1.2971 (1.1.			

Frankish Mid . The 8 4 William Hard - 2573 M.C. 

V\$ 151-REV. 1/1/65

## BALTIMORE CITY HEALTH DEPARTMENT AMEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 100 19714

IRTH NO.	MEDICAL EXA	WIINER 2 CI	CKIIFICATE OF DEATH Registered No.
A.E. CASE NO.			
NAME OF DECEASED	RICHARD	CAREY	September 23, 1966 7:55 A.
	ARYLAND, WHERE PRONOUNC		A. STATE  Maryland  M. WSUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  B. COUNTY
ULL NAME OF (IF NO ADDINISTITUTION	OT IN HOSPITAL OR INSTITUTIO RESS OR LOCATION)	N, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
Joh	n Hopkins Hospita	a1	D. STREET ADDRESS (If rurol, give locotion)  2123 E. Federal Street
Male Neg	7. MARRIED, NEV		B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.  45
	Give kind of work 108. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	Charles		13 MOTHER'S MAIDEN NAME!
5. WAS DECEASED EVER IN (es, no grunknown) (If yes, gi		SOCIAL SECURITY NO.	Humand Chyu2122 C Federals
DISEASE OR CO	ONDITION DIRECTLY	CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(This does not mean heart failure, asthenia, injury or complication  ANTECENI  DISEASES OR CONI RISE TO THE ABOVE UNDERLYING CONI	DENT CAUSES DITIONS, IF ANY, GIVING CAUSE (A) STATING THE	(A) St. DUE TO  (B) DUE TO	abwound of neck
	II  CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE ION CAUSING IT.		
19A. DATE OF OPERATION	DN 198. CONDITION FOR WHITE WAS PERFORMED	CH OPERATION	Yes  Yes  Yes  Yes  Yes
21 A. EXTERNAL CAUSE UNDERLYING MOR CON UTING CAUSE OF DE	WAS 218. PLA TRIB- home, fo ATH. etc.)	ce of injury (e.g., i orm, foctory, street, o home	in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) ffice bldg. INJURY OCCUR?  2052 E. Hoffman Street
21 D TIME (Month) OF INJURY (APPROX.) 9-23-6		E AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	21f. HOW DID INJURY OCCUR?  WHILE X Deceased stabbed self in neck
22. I certify that			opsy 🔀 and that an this basis, death in my aplnlan
resulted from:	Natural causes Acci	dent Sulcide	CHIEF MEDICAL EXAMINER
SIGNATURE EXAMINER'S NAME (Type)	Charles S. Spring	(	ASSISTANT MEDICAL EXAMINER September 23, 1966
3A. BURIAL CREMATION, REMOVAL (Specify)	238. DATE 23C. N	AME of CEMETERY O	New Park arkulus md,
SED 25		REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS



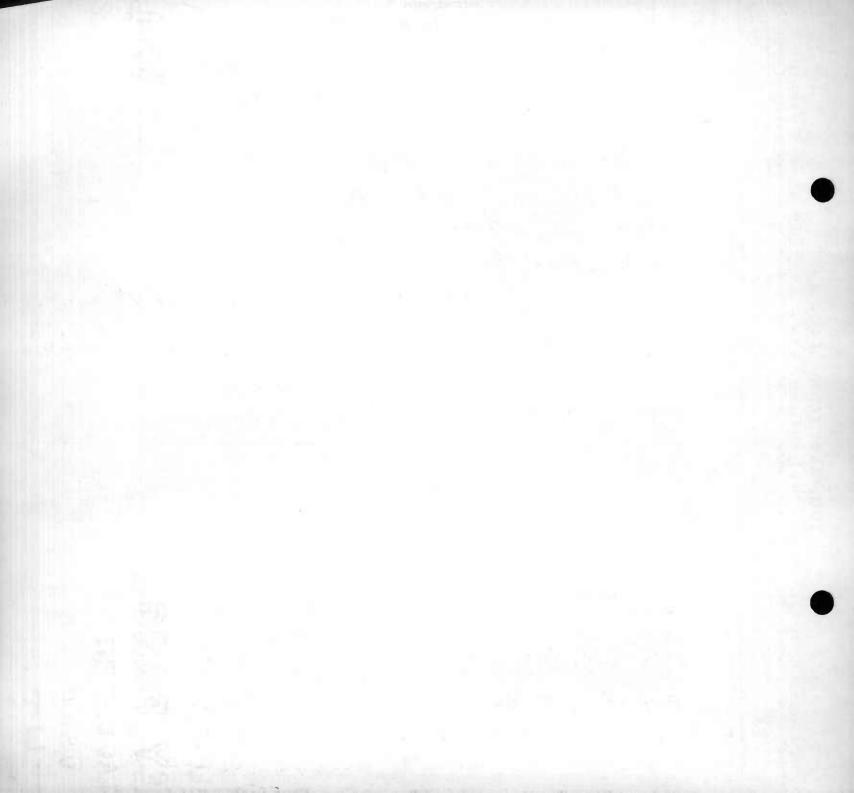
IMPORTAN

FUNERAL DIRECTOR:

H. Colinst States of June 6/87 6/ Comercia Latt Sinton Vant Classon Haters Gain Shortina Was Charlette Thatt- 223

VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		65 005146
BIRTH NO. 66 09716	CERTIFICA	TE OF DEATH	Registered Na	66 09716
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print)	4 man	9	-25-46	13:00 8. N
3. PLACE OF DEATH IN BATTIMORE, MARYLAND	7/1/2011	4. USUAL RESIDENCE (When	re deceased lived, if in:	stitution; residence before admission
		A. STATE B. COUN	14	12 12
FULL NAME OF (If not in hospital or institu	tion, give street	11/2/4/	and	12-02
INSTITUTION		C. CITY OR TOWN IN OUT	side city limits, write R	(URAL ond give fownship)
3			MORE	
0 1) 0 11.	2 11	D. STREET ADDRESS (If	rurol, give location)	o 2
South Baltimore 6	Eneral Hosp	2637 TPG	Lnc15	St.
SEX 6. RACE 7. MAI	RIED, NEVER MARRIED  OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
F NEGro.	Sinale	10-1-1898	67	710111
DA. USUAL OCCUPATION (Gire kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forer	gn country)	12. CITIZEN OF
one during most of working life, even if retired)	Hotel	m	1 1	WHAT COUNTRY?
Naich	7076/	Mai	nyland	
FATHER'S NAME	1	14. MOTHER'S MAIDEN NAT	NE	
Honory Grace (ANA)	Smith	Clara G	F13.50	
. Wos Declased Ever in U. S. Armed Forces?	1 6. SOCIAL	17- INFORMANT	1005	ADDRESS
es, no or unknown) (If yes, give wor or dotes of ser		0 /	0 , 01	2 - E
No	220-24-8624	Hugustus /	14STIND 24	37 Francis SI
18.	CAUSE OF	DEATH '		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0			ONSET AND DEATH
LEADING TO DEATH	1	Washing	Suntinni	1 2 11hs
(This does not mean the made of dying,			7.0000	
heart failure, asthenia, etc. It means the dis injury at camplication which caused death.)	ease,	Λο.		
ANTECEDENT CAUSES	(B)	Unic Hora	us	
	DUE TO			
DISEASES OR CONDITIONS, if any, g		CLANCE & Sale	and alen	
UNDERLYING CONDITION last.	10/	0 - 0	VV-04	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO	THE '			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE I	FINDINGS CONSIDERED
WAS PERFORMED		V	IN CERTIFYING CAL	
21 A) A CCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(II in Rollimare	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, lorm, toctory, street, off	ice bldg., INJURY OCCUR?	tit iii oominiote	Ony, give exoct tocollon,
DEATH (notily medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While			
	Work At Work			
22. I certify that 🗯 (this haspital) atten	ded the deceased from	9-14	19 66 to	9-25 19 66
that #7 (we) last saw the deceased alive	an 9-25	19 66 and th	at in (aur) apie	nian death occurred an the da
and haur and from the causes stated aba	ve (I) (We) (did) (did eet) vi			
23A. SIGNA ORE	ve: (1) (we) (ala) (ala liai) v	iew the body offer decin.		23 B. DATE SIGNED
1 x x lya C	M.D. Atte	nding Med.	Stoff .	0
11 200 MIN X	va Phys	Director _	Phys.	7-26-1966
23C CHTSICIAN'S NAME (Type)	[2	3D. ADDRESS		
7 1		0 1 10 11	1	11
12 -0 - 1 IN IVI (1	M.D.		13.	FIR man 1 for a m
BERESTORA M. S	wan	South Bolt	-imore 6	Eneral Hosp
AA. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME OF CEMETERY OF CRE	South Bolt MATORY 24D. LI	CATION (C)	ENERAL HOSP  ty. town, or county) (Spate)
BEFESTOR M. S  PAA. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  Pario 9-30-66	wan	South Bolt MATORY LAD. L.	ocation (Ci	ty, town, or county) (Safe)
Barial 9-30-66	Man AC. NAME OF CEMETERY OF CRE Hobertas Meny ME OF REGISTRAR	Scuth 150 17 MATORY 24D. LI Chay 125C, FUNERAL DIRECTOR		
Barial 9-30-66	Achame of CEMETERY of CRE Arbatas Men	Chan K	ocation ici	ADDRESS



23C. NAME of CEMETERY or CREMATORY

PEEKS CEMETERY

248, NAME OF REGISTRAR

23D. LOCATION

MADISON COUNTY,

24C. FUNERAL DIRECTOR

(Stote)

NORTH CAROLINA

(City, town, or county)

HOWARD H. HUBBARD, 4107 WILKENS AVENUE #29

ADDRESS

23A. BURIAL CREMATION.

BURTAL

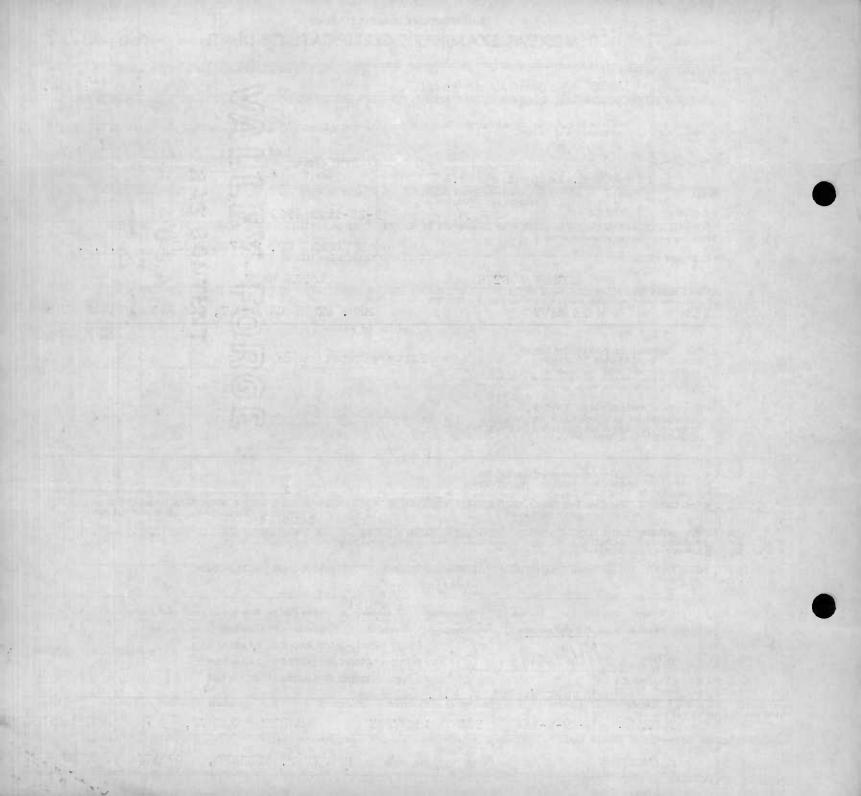
24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/65

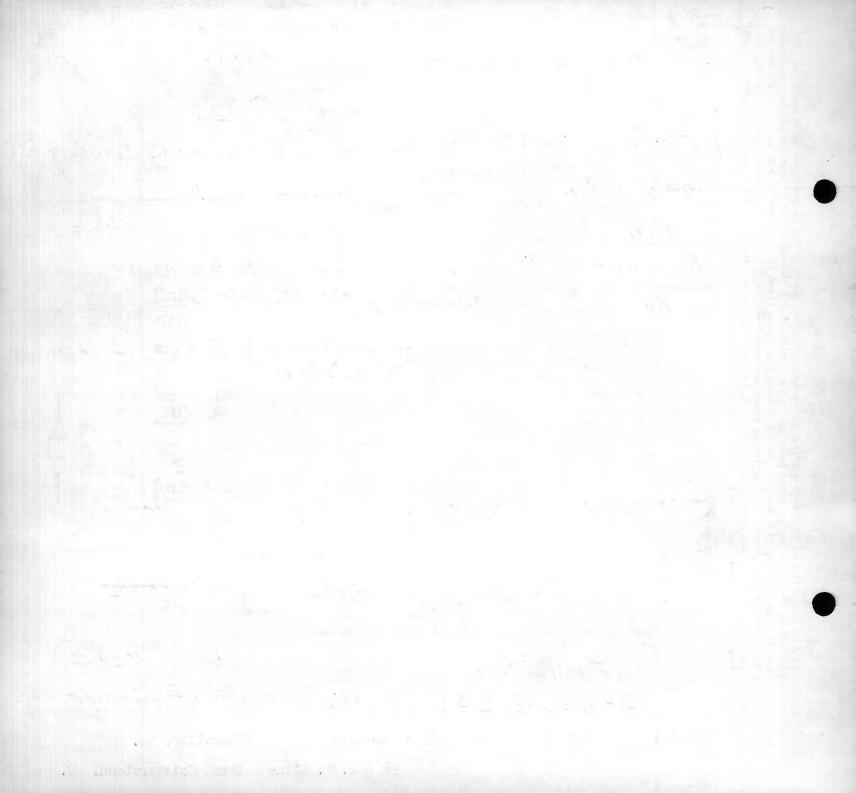
238 DATE

9-9-66



IMPORTANI

FUNERAL DIRECTOR:



47-34-64 DH1	2	66 09719	BALTIMORE CITY	HEALTH DEPARTMENT		00 00040
7997		TH NO.	CERTIFICA	TE OF DEATH	Registered Na.	bb U9/19
pital and of death Deceased e on the ath. Such	1.	AME OF DECEASED	0	2. OATE AN	D HOUR OF DEATH	,,,0
h on or	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	a .	4. USUAL RESIDENCE (Wher	3/6 6	ution: residence before admission)
						ution: residence before admission)
hos use ; (5)		FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) NSTITUTION / O FASTED AVENUE	street	C. CITY OR TOWN (If out		AL and give township)
cau use; tend	10	BALTIMORE, MARYLAND #	27221	Rt. 5	Box 4	2 Pasadena
- p = p = p = p	9	Ballimore City"	1050.	D. STREET ADDRESS (IF	Box 45	52-00
but ned		SEX 6. RACE 7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Under 1 Yr., If Under 24 Hrs.
occurre ontribut ermined regular regular		EMALE   WHITE   MARK		5-31-26	46	onths Doys Hours Min.
co lete	do	. USUAL OCCUPATION (Give kind of work 108, KIND OF BU e during most of working lite, even if retired)		-		2. CITIZEN OF WHAT COUNTRY?
or or Jnd		HOUSEWIFE OV	Lome	Tenness 14. MOTHERS MAIDEN NAM	ee	US/4
NT nt if direct (4) (4) th we dispose	13	Frank PARSCHI	7 h. L	Pearl	MoCe	EARU
stant stant e dir leath e on	15.		SOCIAL	17. INFORMANT RECO	RDS:	ADDASS 224
RTAN ssistant the di the di kind; death nnce on		, no or unknown) (II yes, give war or dates of service)	SECURITY NO.	BALT IMORE CI	TY HOSPITALS	T 1948 B. MD.
MPORTAN r his assistan lso, if the d of any kind; unced death trendance on		18. 162 1	CAUSE OF	DEATH	THE	INTERVAL BETWEEN ONSET AND DEATH
R: IMPO ner or his a: er. Also, if cture of any pronounced lar attenda	3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	¥	2000000000		
. IN . Als		(This does nat meon the mode of dying, e.g., heart foiluse, osthenia, etc. It meons the disease,	DUE TO A	irwoy obstru	erion by	2-3days
OR: ner. actu pro ular		injury ar camplication which caused death.)		denocarcinom	a of long	1 // .
CTC am aminimized		DISEASES OR CONDITIONS, if any, giving	OUE TO		• • • • • • • • • • • • • • • • • • •	
DIRECTOR cal examine al examine s; (3) A fract cian who pr in regula	3	rise la lhe abave cause (A) stoling the UNDERLYING CONDITION last.	(C)		***************************************	
L Di		II				
A Fout E	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
ER ady dy cia		19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FINI	DINGS CONSIDERED
FUNER ne chief by a m 2) Body re the p re the p	ERTIFIC	WAS PERFORMED		163		IES
	5 7	21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF home, I etc.)	ACE OF INJURY (e.g., in larm, factory, street, alfi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
by the principal view, when the principal view, the principal view	2   0	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN.	JURY OCCURRED	21F. HOW OID INJU	JRY OCCUR?	
oved be host	1   2	OF INJURY (APPROX.) While / Work	At Not While			
prov the h ny n and		22. I certify that () (this hospital) attended the c	deceased fram	9/22/66 1	9 66 10 9/0	73/66 1966,
0000		thot (1) (we) lost saw the deceased olive an	Sept 23		at in (my) (our) apinia	n deoth accurred on the date
nt prit		ond haur and from the causes stated above.((1) (V	We) (did) (did nat) vi	ew the body after death.	122	B, DATE SIGNED
5 0.0 5 0		Many 19 - 2 11	M.D. Atten	ding Med.	Stoff Del	9/93/
0 2 2 2 2		23C.PHYSICIAN'S WAN ALLINGS NAME (Type)	THE !		STERN AVENUE	BALTO., MD.
certificate sody was r 7.5. (1) An a D.O.A. at 6 ased prior		Mary Ann Sulli	V917 M.O.	Bolling	ore ci	1/ 1/0 #21224
E \$50.25	24	BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY OF CREA	MATORY 24D. LC	CATION (City,	fown, or county) (State)
	8	DATE REC'D BY HEALTH DEPT 25B. NAME OF R	TO MALLE	25C. FUNERAL DIRECTOR	Dans	ACCRESS
This the bashow was dece		SED 98 1000 A O B	2 In O. a.	thet 1	Buando	Levera Ph L.
	VS	150-REV. 1/1/65	- Savens	MOBERTS	BARRAI	VCO

- NETHER PROPERTY - PARTY - PERTY - LECKER

Mugradial Enforti

L. SA C. L. SHICK STORY OF A STATE OF SHIPPING

the same of the bully of the same.

war ee ja Harten Hart . TA SHE CONTRACT To fort, in the same in the sa A STATE OF THE STA L'ESTRELLE DE STATE # 13 3 The terminate of the second secon

3.	FULL NAA HOSPITAL INSTITUTIO	DEATH IN BALTIMO  LE OF (If not in hor oddress or oddre	RE, MARYLAN	LLIAM K.	MARYLAND	OUNTY	institution: residence before odmis  RURAL and give township)
A	)	ST. A GNE EMERGENC			SIMPSONV D. STREET ADDRESS	(If rurol, give location)	43-00
	SEX MALE	6. RACE	7. M.	ARRIED, NEVER MARRIED (DOWED, DIVORCED (specify)	May 5,1896	9. AGE (In years lost birthdoy) 70	If Under 1 Yr. If Under 24 Months Doys Hours M
d		st of working life, even if	retired)	ind of Business or Industry ocery Store	Tenn	foreign country)	12. CITIZEN OF WHAT COUNTRY?
2	, Was Dece	Hezikiah Go Deed Ever in U. S. An Down)(If yes, give wo	once	16. SOCIAL SECURITY NO 216-32-5216	17. INFORMANT	ha Collins	ADDRESS WILKENS
3		SEASE OR CONDITI		1/2	211/6/01	1 hear	er cerch
us are embalme	(This da heart fail injury ar DISEASE rise ta	LEADING TO [ es nat mean the m ure, asthenia, etc. It camplication which ANTECEDENT C S OR CONDITION the abave caus YING CONDITION I	DEATH rade of dying means the d caused death CAUSES IS, if any, e (A) statin	giving	meplei	lia to	object and death elsick infanction
	OTHER STO THE DISEASE	LEADING TO ( es nat mean the m ure, asthenia, etc. It camplication which ANTECEDENT C S OR CONDITION the abave caus	DEATH  ade of dying means the d caused death CAUSES IS, if any, e (A) statin last.	giving (C)	neplei	lead to	nfarctes
	OTHER STOOTHER STOOTH	LEADING TO E  as not mean the m  ure, asthenia, etc. It  camplication which  ANTECEDENT C  S OR CONDITION  the abave caus  YING CONDITION I  GONDITION I  GONDITION I  CONDITION I  OR CONDITION CAI  OR CONDITION CAI  OF OPERATION IS  W	DEATH  ade of dying means the d caused death CAUSES IS, if any, e (A) statin last, IONS CONTR DT RELATED USING IT. PB. CONDITION (AS PERFORMI	giving giving (C)  IBUTING TO THE  N FOR WHICH OPERATION ED	20A. AUTOPSY? (Yes o	or No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
	OTHER STONE TO THE	LEADING TO E  as not mean the m  ure, asthenia, etc. It  camplication which  ANTECEDENT C  S OR CONDITION  the abave caus  YING CONDITION I  I  IGNIFICANT CONDIT  DEATH BUT NO  OR CONDITION CAL  OF OPERATION 19	DEATH  ade of dying means the d caused death CAUSES  S, if any, e (A) statin last.  IONS CONTR IT RELATED USING IT. PR. CONDITION PAS PERFORMI	giving  g the (C)  IBUTING TO THE	20A. AUTOPSY? (Yes o	or No) 20B. IF YES, WER	
	OTHER STORY OF CONTROL	LEADING TO E  as not mean the m  ure, asthenia, etc. It  camplication which  ANTECEDENT C  S OR CONDITION  the abave caus  YING CONDITION I  CONDITION CALL  CO	DEATH  ade of dying means the d caused death  CAUSES  IS, if any, e (A) statin last,  IONS CONTR  TONS CONTR  TONS CONTR  OF CONDITION  OF CONTR  LYING OF	giving g the (C)  IBUTING TO THE  N FOR WHICH OPERATION ED  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	20A. AUTOPSY? (Yes on NO in or obout 21C. WHERE DI INJURY OCCU	or No) 20B. IF YES, WER	E FINDINGS CONSIDERED
	OTHER STORY OF INJUICAPPROX.	LEADING TO E  as not mean the m  ure, asthenia, etc. It  camplication which  ANTECEDENT C  S OR CONDITION  the abave caus  YING CONDITION I  II  IGNIFICANT CONDITION CAI  TO OR CONDITION CAI  TO OPERATION S  III  IGNIFICANT CONDITION CAI  TO OPERATION S  (Month) (Doy)  To the caus  The caus  AFURE	DEATH  ade of dying means the d caused death CAUSES  IS, if any, e (A) statin last.  IONS CONTR OT RELATED USING IT.  IONS CONDITION (AS PERFORMI LYING OF (Year) (Hou	DUE TO giving ng the (C)  IBUTING TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  While At Not While At Work  Onded the deceased fram  Ve an SEPTEMBE.  Dave. (I) (We) (did) (did nat)  M.D. Att. Phy	20A. AUTOPSY? (Yes on NO	INJURY OCCUR?	E FINDINGS CONSIDERED CAUSES OF DEATH?  FOR City, give exact location)

BUBLIANV S NAT 2- TORONG SENDA .TO SELECT

VS 150-REV, 1/1/65

In The July grations of the properties

00 0000	BALTIMORE CITY	HEALIH DEPAKIMENT		00 0000
MRTH NO. 66 09724	CERTIFICA	TE OF DEATH	Registered No	66 09724
A.E. CASE NO.  NAME OF DECEASED  Type or Print)  TO I I DA To	ENKINS	2. DATE AN	D HOUR OF DEATH	1.05
PLACE OF DEATH IN BALTIMORE, MARYLANE	CURINS		e deceosed lived. If inst	itution: residence before odmiss
FULL NAME OF (If not in hospital or instit	tution, give street	MARY LAND	Baltimor	
CHURCH HOLE & HOS	Di TXI.	RAITI WOLF	side city limits write RL	IRAL ond give township)
BKITIWOLE, WHON CANO		D. STREET ADDRESS (III	AUE (21)	
A L NIC	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	(f Under 1 Yr. If Under 24 Months Doys Hours Mi
OA. USUAL OCCUPATION (Give kind of work 10B, KII) one during most of working life, even if refired) PRESSIAN PATION (Ca.	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore)	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	n rag. oo.	14. MOTHER'S MAIDEN NAM	ME .	4.2.1
NEWTON JENKIN		EMAKELL	4021	
(es, no or unknown) ((f yes, give wor or dotes of se	16. SOCIAL SECURITY NO. 214-22-6118	PATIENT	· 60	ADDRESS
18. 4 3 1		F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	-014 011.	· Vermone	8/7/66- 9/23/
(This does not mean the mode of dying, heart failure, asthenio, etc. If means the dis	e.g., DUE TO	or sever sign	lies	
injury ar complication which caused death.)				
ANTECEDENT CAUSES	DUE TO			**************************************
DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating		2000260400 2000200444445 2×044044 × 00×04×		
UNDERLYING CONDITION Iosi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONDITION CAUSING IT.				
WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 DESTIFYES WERE FI	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
	21E, INJURY OCCURRED		URY OCCUR?	
O 21 D TIAAS (Manth) (Day) (Year) (Hour	21L HAJORI OCCORRED	21 F. HOW DID INJ		
O 21 D TIAAS (Month) (Doy) (Year) (Hour	While At Not Whi	le 🖳		
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (this haspital) after	While At Not White Mork Nork Nork	827 1	9 6C to 9/	-
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (this haspital) attenthat (we) last saw the deceased alive	While At Not White Mork and Work Not Work and Work Not Not Work Not Not Work Not	8727 19 and the		
21 D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (this haspital) attenthat (we) last saw the deceased aliverand hour and from the causes stated about	While At Not White Mork and Work Not Work and Work Not Not Work Not Not Work Not	8727 19 and the	at in(my) <del>(cor)</del> apini	an death accurred an the
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (this haspital) attenthat (we) last saw the deceased alive	While At Not White At Work and the deceased fram we. (1) (did) (did not)	5127 In and the riew the bady after death.	at in(my) (ar) apin	an death accurred an the
21 D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (this haspital) attenthat (we) last saw the deceased aliverand haur and fram the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S	While At Not White At Work and the deceased fram are an System (1) (Max (did) (did not)	5127 In and the riew the bady after death.	at in(my) ( apin	an death accurred an the
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (this haspital) attenthat (we) last saw the deceased aliverand haur and fram the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	While At Not White At Work and the deceased fram we. (1) (did) (did not)	19 and the riew the bady after death.	Stoff Phys. 2	an death accurred an the
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (this haspital) attenthat (we) last saw the deceased aliverand haur and fram the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  MERUIN L. TAME  44A. BURIAL CREMATION, 24B. DATE	while At Not White At Work At Work and the deceased fram are. (1) (4) (did) (did not) At M.D. Att	19 and the view the bady after death.  ending Med. 5. Director 23D. ADDRESS  CHURCH HO	Stoff Phys. 2	an death accurred an the 23B, DATE SIGNED 9/23/66
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (this haspital) attenthat (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  MERUIN L. TA	While At Not White At Work and the deceased fram e an Shall (did) (did not) M.D. Att Phy	19 and the riew the bady after death.  ending Med. Director 23D. ADDRESS  CHUREN 46  EMATORY 24D. LC	Stoff Phys. 2 F Hos	9/23/66 PITAL

VS 150-REY-1/1/65

E. Valley M.A

Bruzdzinski Funeral Home 1407 Eastern Ave.

The same of the same of the same of Daniel State and the state of t . Walking the Kill I woo ! Prients than in the

DIRECTOR:

FUNERAL

duttioner Con Butweeke Service was was they are Last hard Lost T. Rack 127 E Vest Have Min's Crassian Markers Charles Chinal Mother Soil Vermie Redolph Februar Addor delice April Emore Extended Househop 3 d. of Service appear 65 Medicas 105 12 Sept 55

DIRECTOR:

FUNERAL

MASS LAMB.

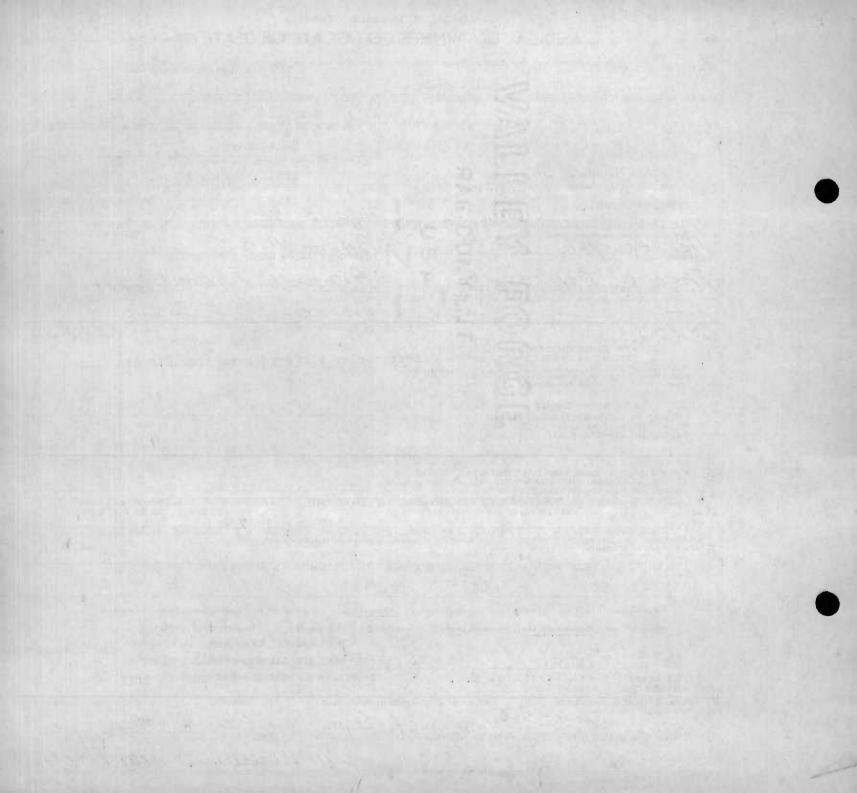
SEAT ALCHARDS ST. SOLS CELTBARD ST

WELLED ALFBIRSE 86

WHITE SAFERENCE STATE STATE OF STATE OF

DIB-CITED TO THE SHOPE DOCUMENT OF THE PARTY OF THE PARTY

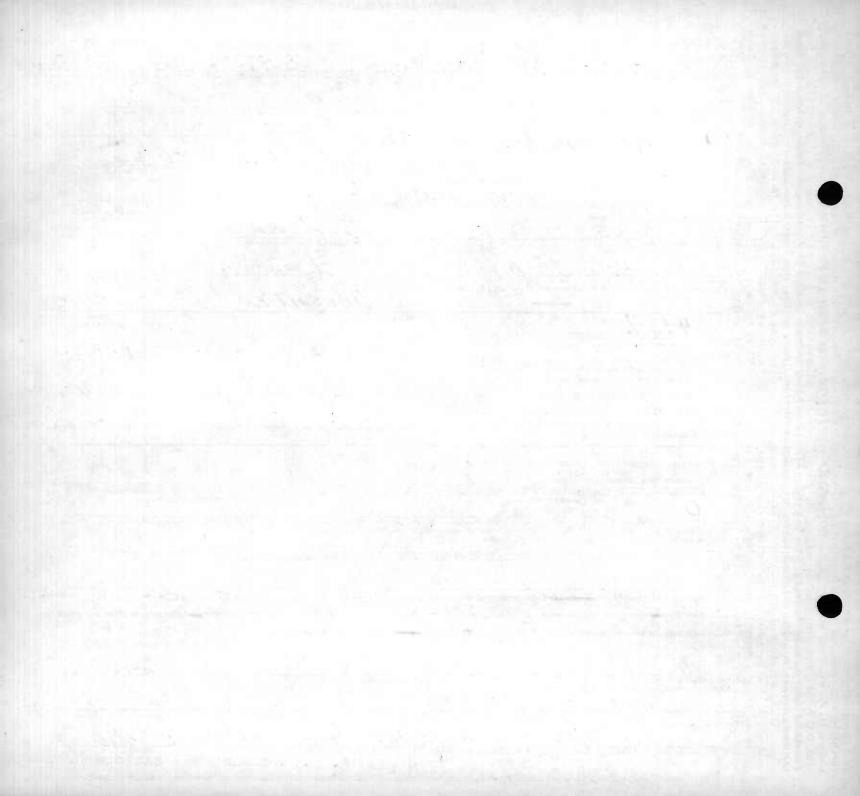
M.E. CASE NO.  1. NAME OF DECEASED		2 DATE AND H	OUR PRONOUNCED DEAD
(Type of Print) Anna	Koletschke	2.0016 000	9/19/66   11:25 a. M.
3. PLACE IN BALTIMORE, MARYLAND, WH	TERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dece	eosed lived. If institution: residence before odmission) B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAL INSTITUTION	L OR INSTITUTION, GIVE STREET TION)	Maryland C. CITY OR TOWN (If outside co	rporate limits, write RURAL and give tawnshipl
Sinai Hospita		D. STREET ADDRESS (If rural, give	enwood Ave.
5. SEX   6. RACE	7. MARRIED, NEVER MARRIED	<u> </u>	9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
female white	WIDOWED, DIVORCED(specify)	Aug 18 90	10s1 birthday)  Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work done duping most of working life, even if retired)  13. FATHER'S NAME	108. KIND OF BUSINESS OR INDUSTR	BALTO MO	12. CITIZEN OF WHAT COUNTRY?
Theo. W. Kole;	SCHKE FORCES? 116. SOCIAL	AUGUSTH L	5ane
(Yes, no or unknown) (If yes, give war or dates	s of service) SECURITY NO.	SISTER	Same
1B. 44 3 3 1 1	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR		osclerotic cardiova	
(This does not mean the made of heart failure, asthenia, etc. It means injury or complication which coused d	dying e.g., DUE TO	edeliczonie cardiov.	iscurar disease
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF AI	NY, GIVING (B)		
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	ATING THE (C)		
Į į	No.		
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELEDISEASE OR CONDITION CAUSING	ATED TO THE		
19A. DATE OF OPERATION 19B. CONI		Yes Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
Q 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21C. WHERE DID (If in	
21 D TIME (Month) (Doy) (Year) OF INJURY		21F. HOW DID INJURY	O CCUR?
(APPROX.) 22.	m. WORK AT V	WHILE VORK	
I certify that I held an In			asis, death in my apinian
resulted fram: Natural cau	ses Accident Suicio	de Hamicide Unde	etermined manner
ACTUAL SIGNATURE	Sh 5-11-	ASSISTANT MEDICAL EXAM	DATE SIGNED
EXAMINER'SWerner U. NAME (Type)		ASSOCIATE MEDICAL EXAM	
INAME (Type)		Tana	1000 10
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY	Gen - 23D. LOCA	ATION (City, town or county) (State)



DIRECTOR:

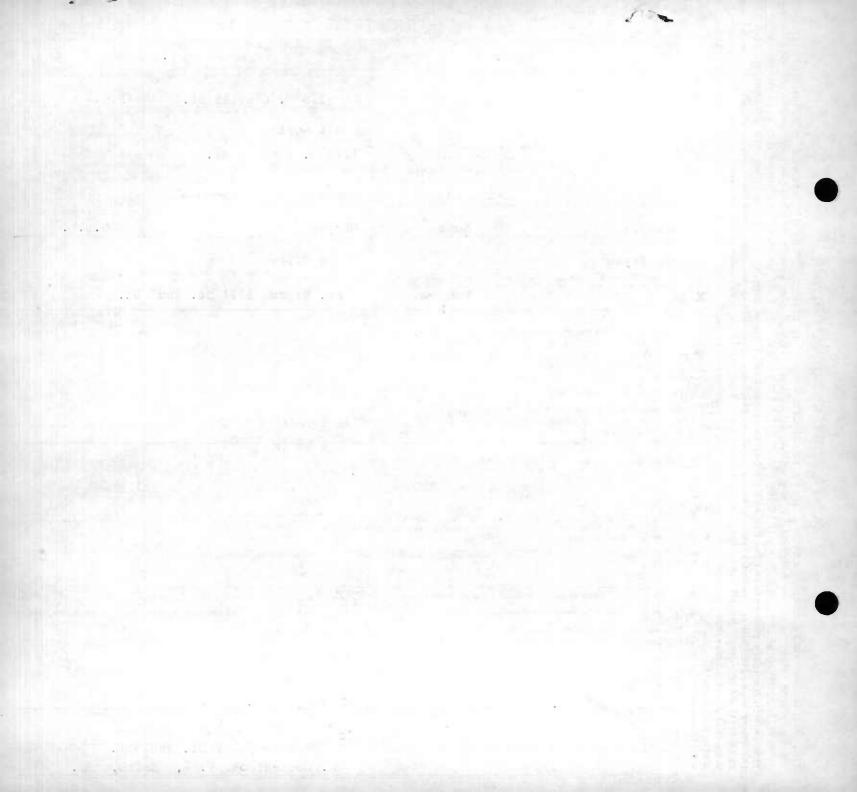
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) ( opinion death occurred on the date 23B, DATE SIGNED 6067 Harford Road

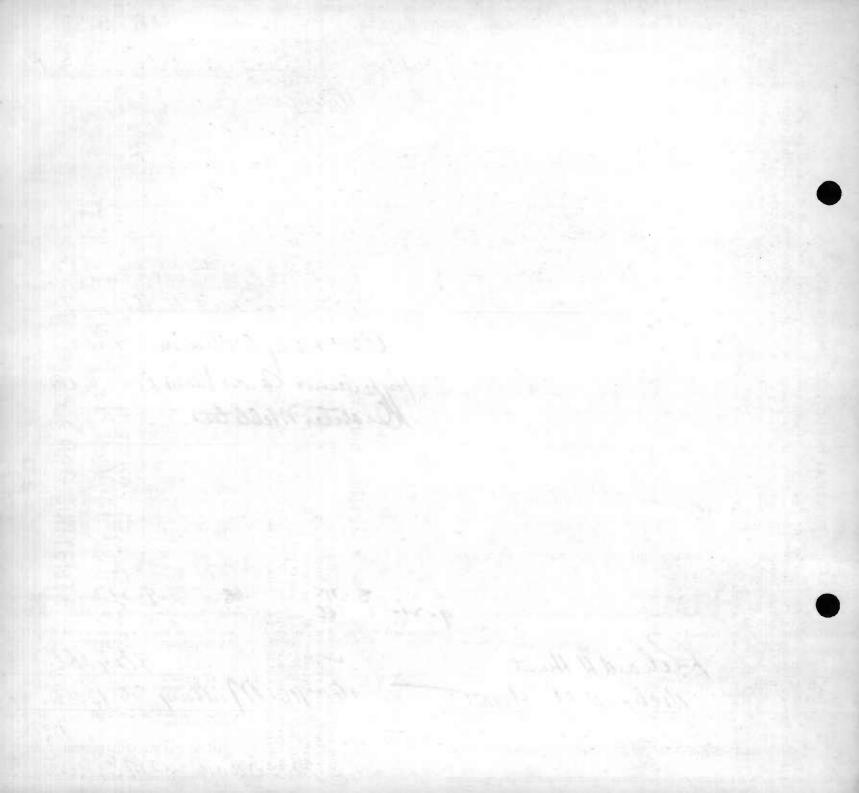


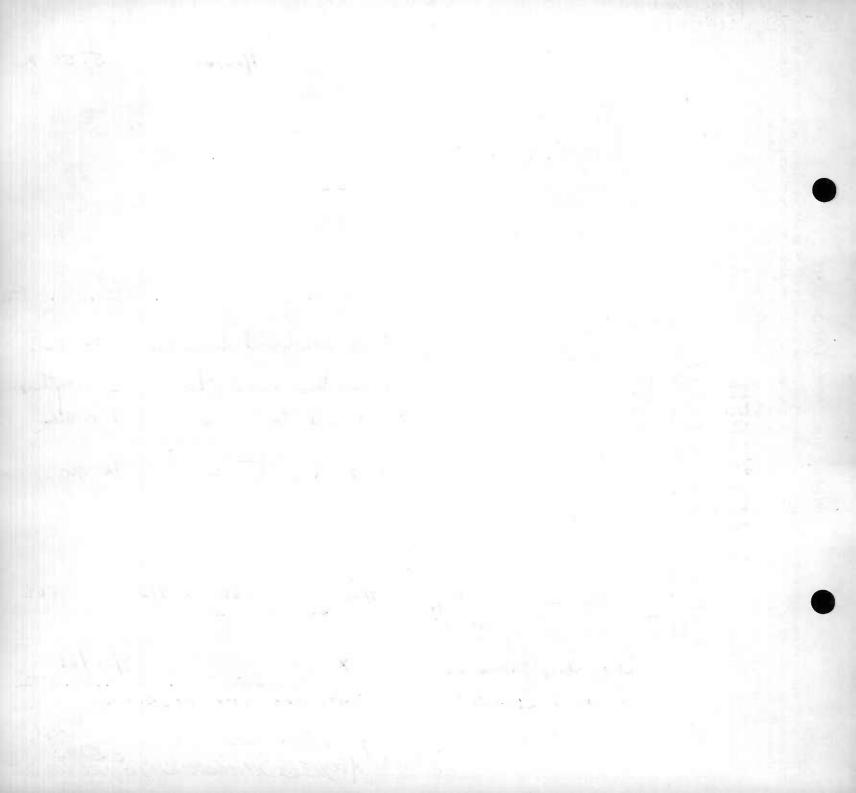
VS 150-REV. 1/1/65

	Y HEALTH DEPARTMENT		A.0
CERTIFICA	ATE OF DEATH	Registered No.	66 .9730
0		ID HOUR OF DEATH	00 00700
Uusten	Se	pt 23,19	966 12:451
D	4. USUAL RESIDENCE (Whe	ere deceased lived. If i	institution: residence before admiss
tution, give street	1216 N. Ch	arles St.	Maryland RURAL ond give township)
	BaltimorXe	- N-	
spital.			
Widowed	Unknown	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
ND OF BUSINESS OR INDUSTR		eign countryl	12. CITIZEN OF WHAT COUNTRY?
None	Maryland		U.S.A.
		ME	0.000
	Anne Price		
1 6. SOCIAL	17. INFORMANT		ADDRESS
Unknown	Mr. Bryan	1721 St. Pa	
	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	,	,	OHIGH AND DEATH
(A) Fu	Immant Tuber	01/05/3	
sease.			
01	d Tuberrulas	2.5	
		· ·	
giving the	chexia	+	
(c) Cac	maina	1 Flow	
~ eh	YARATION, WAR	m/e.	
BUTING TO THE			
FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
21E INJURY OCCURRED	21F HOW DID IN	UIRY OCCUPS	
		OKT OCCUR?	
Work At Work			
ided the deceased from	Sept 21	19 66 10	COP1 22 19 6
on Sept 2:			
0	2001111		238. DATE SIGNED
		Stoff V	9/23/
Ph		Phys.	11-768
n	M Mercy Hosp		
4C. NAME OF CEMETERY OF CE	REMATORY 24D. L	OCATION (C	ity, town, or countyl (Stat
Greenmount Cr	ema <b>xt</b> ory Ba	ltimome, Ma	ryland
AME OF REGISTRAR	25C. FUNERAL DIRECTOR	1217 St. P.	aul St. ADDRESS
2 of P. Faleuna			Balto., Md.
	mm. Cook DI	OORG F. II,	Darco., Plu.
	CERTIFICA  CUSTED  DUSTED  DUSTED  DUSTED  DUSTED  DUSTED  DUSTED  DUSTED  DUSTED  DUSTED  NONE  1 6. SOCIAL SECURITY NO. Unknown  CAUSE (  (A) Full SECURITY NO. Unknown  CAUSE (  (B) C/ DUE TO  DUE TO  GUING  O THE  FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.]  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.]  All Months of Community  Ove. (I) (We) (did) (did not)  ALC. NAME of CEMETERY of CE  AME OF REGISTRAR	2. DATE AND   2. DATE AND   2. DATE AND   2. DATE AND   3. STATE   8. COUI   1. STATE   1. DATE OF BIRTH   1. DATE OF BI	CERTIFICATE OF DEATH  Registered No.  CERTIFICATE OF DEATH  2. DATE AND HOUR OF DEATH  Second 23/15  Second 23/15  A. STATE 8. COUNTY  1216 N. Charles St.  C. CITY OR TOWN (If outside city limits, write 8. COUNTY)  Later Address St.  Later Address St.  C. CITY OR TOWN (If outside city limits, write 8. COUNTY)  Later Address St.  Later



FUNERAL DIRECTOR:





VS 150-REV. 1/1/65

	BALTIMORE CI	TY HEALTH DEPARTMENT	. 66 09733
RTH NO. 66 09733	CERTIFIC	ATE OF DEATH Registered	No
N.E. CASE NO. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
ype or Print) .Tohn C.	Angier Jr.	Sept. 26, 19	966 15P.M
PLACE OF DEATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE   Where deceased lived.	If institution: residence before admission
F		25.0	
HOSPITAL OR oddress or location	or institution, give street	C. CITY OR TOWN III outside city limits, w	uite RURAL ond give township)
INSTITUTION		Baltimore 4-6	5 /
Union Memor	rial Hospt. (D.O.	A . STREET ADDRESS (If rutol, give location	
1	,	900 Argonne Drive	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H Months; Doys Hours; Min.
M	Married (specify)	10-27-1897   lost birthdoy  68	Months Doys Hours Min.
. USUAL OCCUPATION (Give kind of work			12. CITIZEN OF
Lithographer	Federal Tin	North Carolina	WHAT COUNTRY?
FATHERS NAME	redetat IIII	14. MOTHER'S MAIDEN NAME	W CM
John C. Angier	11/	Lida Duke	
Was Deceased Ever in U. S. Armed Fore s, no or unknown) (If yes, give wor or dote:	s of service) SECURITY NO.	17. INFORMANT	ADDRESS
Tes WW 1	166-07-07	53 Catherine C. Angier	Above
18. 4/20 / I	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY	9 /	ONSET AND DEATH
LEADING TO DEATH	(A) C	oronary Occlusion	7
(This daes not meon the mode of heart failure, asthenia, etc. It means			• • • • • • • • • • • • • • • • • • •
injury or complication which coused			
ANTECEDENT CAUSES	(B)	00000000000000000000000000000000000000	
DISEASES OR CONDITIONS, if	ony, giving		
rise to the obove cause (A)	stoting the (C)		
	***************************************		
UNDERLYING CONDITION last.	***************************************		
UNDERLYING CONDITION last.	ONTRIBUTING		
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA	TED TO THE	48 100	
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I'  19A. DATE OF OPERATION [198, CON]	TED TO THE T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT	TED TO THE T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I'  19A. DATE OF OPERATION 19B. CONI WAS PERF	TED TO THE T.  DITION FOR WHICH OPERATION FORMED    218. PLACE OF INJURY (e.c.	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  limore City, give exoct locolion)
UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I'	TED TO THE T.  DITION FOR WHICH OPERATION FORMED    218. PLACE OF INJURY (e.c.	NO IN CERTIFYING	CAUSES OF DEATH?
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING II  19A. DATE OF OPERATION 19B. CONTROL WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	DITION FOR WHICH OPERATION ORMED    218. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?	CAUSES OF DEATH?
UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTROL TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY	ITED TO THE T. DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  IHour)  21E. INJURY OCCURRED  White At Not W	office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
UNDERLYING CONDITION last.    1	DITION FOR WHICH OPERATION ORMED  218 PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)  1Hour) 21E, INJURY OCCURRED	office bidg., INJURY OCCUR?  IN CERTIFYING  III CERTIFYING	CAUSES OF DEATH?
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT  19A. DATE OF OPERATION 19B. CONIV  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital)	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, fortery, street, etc.)  1Hour)  21E. INJURY OCCURRED  White At Not Work  At Wo	office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  While Ook 1965 to 1965 to	causes of Death?  limore City, give exact location)  2-6 Sept
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING II  19A. DATE OF OPERATION 19B. CONI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, fortery, street, etc.)  1Hour)  21E. INJURY OCCURRED  White At Not Work  At Wo	office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	causes of DEATH?  limore City, give exact location)  2-6 Sept
UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (1) (this haspital that (1) (Wes) lost saw the decease	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.e., home, foctory, street, etc.)  1Hour)  21E. INJURY OCCURRED  White At Not Work  At Work  At word  d olive on	office bldg., IN CERTIFYING  21F. HOW DID INJURY OCCUR?  Thile  31 March 1965 to ond that in (my) (occur)	causes of Death?  limore City, give exoct locotion)  2-6 Sept
UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITION CAUSING CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) CAPPROX.)  22. I certify that (I) (this hospital)	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.e., home, foctory, street, etc.)  1Hour)  21E. INJURY OCCURRED  White At Not Work  At Work  At word  d olive on	office bldg., IN CERTIFYING  21F. HOW DID INJURY OCCUR?  Thile  31 March 1965 to ond that in (my) (occur)	causes of Death?  limore City, give exoct locotion)  2-6 Sept
UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (APPROX.)  22. I certify that (I) (1his hospital that (I) (we) lost saw the decease and hour and from the causes that	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)  1Hour)  21E. INJURY OCCURRED  White At Not Work  At Wo  attended the deceased from and olive on etc.	wo in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Thile ork 1965 to ond that in(my) to wo with body after death.	CAUSES OF DEATH?  Imore City, give exact locotion)  26 Sept 1966  popinian death occurred on the death
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT  19A. DATE OF OPERATION 19B. CONIV  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) lost saw the decease and hour and from the couses pat 23A. SIGNATURE	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)  1Hour)  21E. INJURY OCCURRED  White At Not Work  At Wo  attended the deceased from and olive on etc.	wo in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Thile ork ond that in(my) (out) ond the body after death.	CAUSES OF DEATH?  Imore City, give exact locotion)  26 Sept 1966  popinian death occurred on the death
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION COUNTRY  19A-DATE OF OPERATION 19B. CONIVAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  CAPPROX.)  22. I certify that (I) (1his haspital that (I) (we) lost saw the decease and hour and from the causes that 23A. SIGNATURE)  23C. PHYSICIAN'S NAME (Type)	DITION FOR WHICH OPERATION  PORMED  21B. PLACE OF INJURY (e.g. home, foctory, street, etc.)  Hour)  21E. INJURY OCCURRED  White At Not Work  Not Work  At Work  attended the deceased from the dolive on the deceased from the dolive on the deceased from the deceased	IN CERTIFYING  John on about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Thile onk  3 March 1905 to ond that in (my) (ouc)  21F. How did in (my) (ouc)  Note the body after death.  Attending Med. Stoff Phys.	CAUSES OF DEATH?  Imore City, give exact location  2-6-Sept 1966  opinion death occurred on the death occurred and
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT  19A. DATE OF OPERATION 19B. CONN WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) lost saw the decease and hour and from the couses pat 23A. SIGNATURE  23C. PHYSICIAN'S NAME IType)  AND OP SON	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, fortory, street, etc.)  1Hour)  21E. INJURY OCCURRED  White At Not Work  At Wo  At work  At work  M. Renick Jr. M.	In CERTIFYING  Join or about 21C. WHERE DID office bidg. INJURY OCCUR?    19	CAUSES OF DEATH?  Imore City, give exoct locotion)  26 Sept 1966  popinion deoth occurred on the d  238 DATE SIGNED  27 Sept 66  Balto., Md.
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING II  19A. DATE OF OPERATION 19B. CONI WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) lost saw the decease ond hour and from the causes path 23A. SIGNATURE  23C. PHYSICIAN'S NAME IType)  AND OP SON REMOVAL ISpecify)	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  1Hour)  21E. INJURY OCCURRED  White At Not Work  At Work  At Work  At W.  At W.	In CERTIFYING  Join or about 21C. WHERE DID office bidg. INJURY OCCUR?    19	CAUSES OF DEATH?  Imore City, give exact location)  2-6-5ept 1966  appinion death occurred on the d  23B. DATE SIGNED  27 Sept 66
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING II  19A. DATE OF OPERATION 19B. CONI WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) lost saw the decease ond hour and from the couses path 23A. SIGNATURE  23C. PHYSICIAN'S NAME IType)  AND OP SON	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  1Hour)  21E. INJURY OCCURRED  White At Not Work  At Work  At Work  At W.  At W.	In CERTIFYING  Join or about 21C. WHERE DID office bidg. INJURY OCCUR?    19	CAUSES OF DEATH?  Simore City, give exoct locotion  1966  popinion deoth occurred on the d  238. DATE SIGNED  2756766  Balto., Md.

Colonary Declares

11 Margh 65 265

27/1916

DIRECTOR:

FUNERAL

Union Mensional Hospital

F CANCASION WIDOWED

CLEER (Redire)

9/04/40 65

MI - Bellimente

B. Homere

1312 Belton Street

58 18-7-8

Bottomere, Hd. Smerica

Elizabeth Talla Zimmeron

wether Pandolph CPABB

LAYER THE MESS SETS, TRULE CERTIFI

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

08 98-18-8 A 2 U bangland U S A. Lerry Fannell Haslup gardy thank walse in Care Toyoned liter i molliply thetertones aHIA CHF & TO MEHO. 8/29/66 @ 7 Signed Elbert Brook d. history V 9/22/66 Union Decoursed Hospital.

66 09736

BIRTH NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

a man a bandon the second as on the second of the second THE STATE OF Ely caracter . I military sail to any ---فتلتم والمواثم بالمحافظ بسنوان والمحار أأنا المحافظ والمراكات

VS 150-REV. 1/1/65

Such

66 097	3'7 BALTIMORE CIT	TY HEALTH DEPARTMENT	66 09737
BIRTH NO.	CERTIFICA	ATE OF DEATH Registere	d No.
N.E. CASE NO.		2. DATE AND HOUR OF	DEATH
Type or Print) VON KENNEN	, AMEUA DORA	S=0T 26	1966 3:01
PLACE OF DEATH IN BALTIMORE, N	TARYLAND	4. USUAL RESIDENCE (Where deceased tive	ed. If institution; residence before udmiss
FULL NAME OF (If not in hospit	ol or institution, give street	MARYLAND	
HOSPITAL OR oddress or loco			write RUBAL and give township)
THE CHIMAN MEMORIAL	- 1-tospITAL	BALTIMORE 2	-4-4
	T., BALTIMORE, MUND	D. STREET ADDRESS Iff rurol, give local	ion)
		3001 / (10010) /100	ENUE
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 85 9. AGE (In year lost birthdoy)	81 If Under 1 Yr. If Under 24 Months Doys Hours Mir
H CAUCASIAN	MARRIED	03-02-84 33	
one during most of working life, even if retired		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		BALTIMORZ, Md.	AMERICAN
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
FIRZDERICIO TOLL	V 441	DARA ?	
5. Was Deceased Ever in U. S. Armed (es, no or unknown) (If yes, give wor or d	Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	217-07-617	4 Mr. Edward Blunt 7	882 P. I DI
18. / 5	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION I	DIRECTLY		ONSET AND DEATH
LEADING TO DEAT	H CA	2. OF BREAST	,,
(This does not mean the made	al dying, e.g., DUE TO		
heart failure, asthenia, etc. It mea			
ANTECEDENT CAUS	ES (B)		
DISEASES OR CONDITIONS, i	DUE TO		
rise to the above cause (A			
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT RE	ELATED TO THE		
DISEASE OR CONDITION CAUSING	ONDITION FOR WHICH OPERATION	[20 A. AUTOPSY? IYes or No.] 20 B. IF YES,	WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSINE  19 A. DATE OF OPERATION 198. CO WAS P  21 A. ACCIDENT WAS UNDERLYING	ERFORMED	IN CERTIFYIN	NG CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY le.g.		Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	etc.)	office bldg., INJURY OCCUR?	
21 D. TIME (Month) (Doy) (Yes	on Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not W		
TATPROAD	Work At Wo		
	tol) ottended the deceased fram	Aug 3 , 19 66 to	SEPT. 26 19 66
that (I) (we) last saw the decea	sed olive on SEPT >6	1966ond that in (my) (or	ur) opinion deoth occurred on the
and hour and from the couses s	tated abave. (I) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE			23 B. DATE SIGNED
Omp1	M.D. A	ttending Med. Stoff Phys.	am la
23C. PHYSICIAN'S DD LOCE	PH C. HOOPER	122D ADDRESS	AL LIDEDITAL
NAME ITYPE DR. JOSE	MIT C. HOUPER	0	2 2
HAA. BURIAL CREMATION, 248. DATE	JOSEPH H. JY	REMATORY 24D. LOCATION	THIRD ST., 18 (City, town, or county) IStot
REMOVAL (Specify)		1 0	
Durial 9/2	9/66 Moreland Mem		imore, Md.
SED 9 6 100	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS  ADDRESS
111 ( . 11 192	The Late of the Control of the Late of the	LI CODOCO V KUCA V	ma mailed 1

UN KEMIEN ANEUN DOEN SOPT 26 1 10 9 THE

PREDERICK LOURISM

AMRYLAND

THE LAND MISHINGHILL PHILIPPING BALTIMURE

3300 AND CALLEST ST. SALTHERS, MUSICAGE EGOT HALLTON ADDRESS

" CHICAGIAN AMORICO 03-02-84

BALTIANIE ANDROCAV

Da 64

CAR. OF GREAST

The graph of the control of the cont

Aug = 16 5007 =0 10

MODPER JOSEPH H. J. 108 CHAT THIRTY THING TO IS

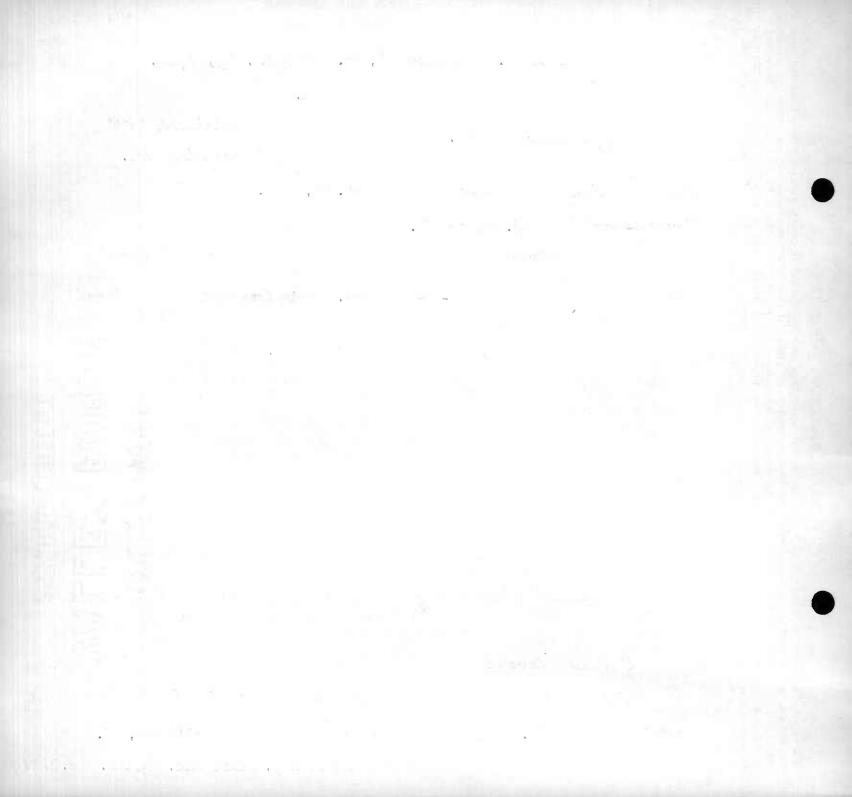
garanteen ga\_kannon sederer

Housewiff

VS 150-REV. 1/1/65

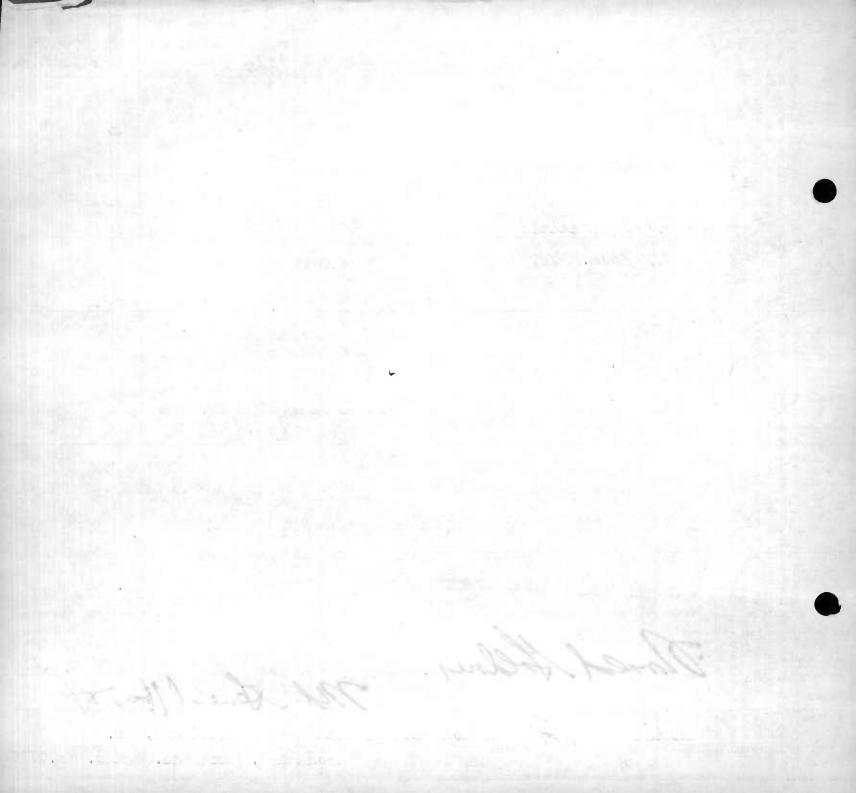
03 /==/f REJUEK, MAS. EMMA T. MAKEN AND BENERAL HOSPINGL BALT MINE ZINTIZION DUA MEDUNIA TER 3017 CHELSEY AVE THURSE, ME FERRIE WHITE LUCORY 38 0287 /4/8 FEMILISAL VANIE NONTE KATARAN JORDAN SEORGE SMLEK BHIGH HEE - JAH HEALTAN 218-81-0189 OVA Landy Stewalling Owner Brush -My to do to the standard

	66 09739		DALTIMORE CIT	HEALIH DEPAKIMENI		CC 1107/20
BIRTH NO. M.E. CASE NO.	00 00700		CERTIFICA	ATE OF DEATH	Registered Na.	00 03/33
I. NAME OF DE					D HOUR OF DEATH	4
(Typo ar Print)	Walte	r S.	Krasowski	. Sr. Sept.	25. 1960	5. 1 8 P.
PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Whom	o decoosed lived, If is	astitution: residence before edmission
				A. STATE M. B. COUN	TY	
FULL NAME HOSPITAL OR		or institution,	givo street	///a.		
INSTITUTION	0001033 01 1000110			C. CITY OR TOWN (If out	0 /	RURAL and give township)
0 -	3532 Wood	dring	Ave.		Baltimore	2 #34 27-00
0.	)))2 1100	way,	1000		rurol, give location)	4
					Woodring	***
. SEX	6. RACE		D, DIVORCED (specify)		9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
Male	White		rried	Oct. 10, 1909.	56	
	CUPATION (Give kind of wor				gn country)	12. CITIZEN OF
	of working life, even if retired)	Ma Da	and ale Ca	Maryland		WHAT COUNTRY?
	nGuard	rid e Di	ydock Co.			ODA
3. FATHER'S NA				14. MOTHER'S MAIDEN NAM		
	Unk	cnown			Anna (	Unknown)
. Was Decoase	d Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yos, no or unknow	vn) (If yes, give wer or dete	os of sorvice)	216-24-1908	191	annalei	(Same)
NO			210-24-1900	Mrs. Sophie Kra	SOWSKI	(Dame)
1B. 11 0	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY	2		0	ONSET AND DEATH
	LEADING TO DEATH		(A) Usey	rearchas refu	nexeron	1/2 W
	not mean the mode of		DUE TO	exarclial Infer	Disease	
	e, osthenio, etc. It meons implication which coused		114	en in he town scale	Jis Harry +	4" 10 4 11 50
	ANTECEDENT CAUSES		(8)		HAVE THEOUT	3 3
DICEACEC			DUE TO			
	OR CONDITIONS, if the above cause (A)					
	NG CONDITION last.	,g	1 407			
	- 11					
OTHER SIGN	NIFICANT CONDITIONS	ONTRIBUTIN	G			
OTHER SIGN TO THE DISEASE OF	DEATH BUT NOT RELA R CONDITION CAUSING	ATED TO TH	1E			
	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yos at No	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE C	WAS PER	FORMED			IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	216	LPLACE OF INTURY (o.n.	in ar about 21 C. WHERE DID	(If in Boltimor	e City, give exect locotion)
OR CONTRIE	BUTING CAUSE OF	hor	ne, form, foctory, street, o	office bldg., INJURY OCCUR?	W W SWIN	e city, give excel locowolly
	fy medical examiner)	otc.	,J			
OF INJURY	(Month) (Doy) (Year)	(Haur) 21 E	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)			nile At Nat Whi			
		We				1
22. I certif	y that (1) (th <u>is bospit</u> a	l) attended t	he deceased fram	may 31	1966 to	V
that (I) (we	r) last saw the decease	ed alive an	424.2	4 19 6 6 and the	at in(my) ( <del>our)</del> api	nian death accurred on the da
				view the bady after death.		
23A. SIGNAT		(	., () (are) (are ridi)	ine saay allel dedille		23B. DATE SIGNED
		1.	M D Att	ending Med.	Stoff -	2500 0000
	allum Xa	nuess	Phy	s. Director	Phy s.	Negt. 26,1966
23 C. PHYSICI NAME	IAN'S			23D. ADDRESS	1- 3 -	3
TAINE !	ADAM 6	. Su	155 M.D.	23D. ADDRESS  6232 Belace 6	D. Dalto	. hel 21206
4A. BURIAL CR	REMATION, 24B, DATE		AME of CEMETERY OF CR			ily, lown, or county) (State)
REMOVAL	(Specify)					
Buria	1 / 1 - 1		Parkwood Cem		Baltim	ore, Md.
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	0 1 0	Balto. Md. 2121
	SEP 26 1968	(R.O.	BE Stankey M.	Leonard J. 1	Kuck Inc.	Balto. Md. 2121
10 100 0011 1/2		101400	,	· V · V		



FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



66 09741

BIRTH NO.

Such on the M.E. CASE NO. 2. DATE AND HOUR, OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside city limits, write RURAL and give township) (If rural, give location) 21218 3100 St. Paul Street 9. AGE (In years If Under 1 Yi. If Under 24 Hrs. lost birthdoy) Months Doys Hours 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A Margaret Shoemack ADDRESS Mrs. Margaret Perin 1031 N. Calvert St. INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? ond that in (my) (our) opinion death occurred an the date 23B, DATE SIGNED 24D. LOCATION (City, town, or county) eceased Baltimore, Md. ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

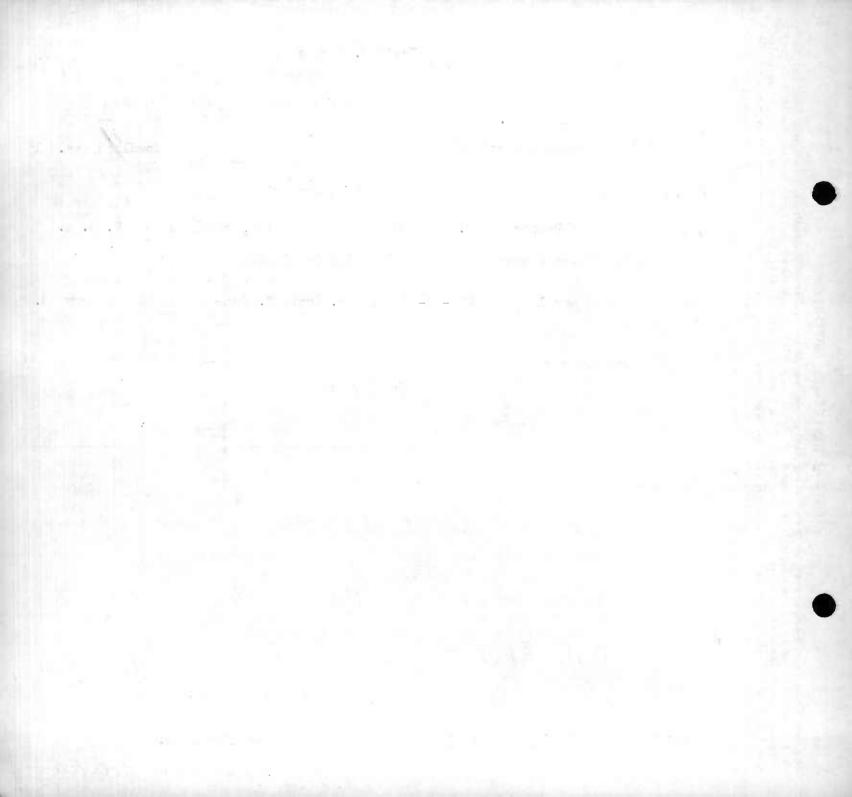
of death Deceased

7 4 35

Special Museum and Artistances

December 2

U	66 09742		HEALTH DEPARTMENT	66 09742
- 11	BIRTH NO.  M.E. CASE NO.		TE OF DEATH Registered No	00 00146
	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	RWATTON	D. Hughes DATE AND HOUR OF DEATH  92366  14. USUAL RESIDENCE (Where deceased lived, If ins	Hitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, oddress or location) INSTITUTION Woodland Ave.	give street	MARYLAND BALT C. CITY OR TOWN If autode city limits, write 8	IMORE
	3026 Coxxxxxxxxxxxxx	CX COCCES	D. STREET ADDRESS (If rural, give lacation)	7-/7
ė		<u> </u>	3026 WXXXXXXX	NEW .
	MALE W WIDOWE	D, DIVORCED (specify)	189610/26/96 birthday 69	Manths Days Hours Min.
- 11	7-11/2-	Fed. Reserve	ank Baltimore, Maryland	12, CITIZEN OF WHAT COUNTRY?  U. S. A.
2	Clarence Hubert Hughes		Jennie Minnick	
	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  Yes World War 1	16. SOCIAL SECURITY NO. 217-03-7928	17. INFORMANT A Mr. Irvin C. Hughes 2524	ADDRESS Londonderry Rd.
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g.,	CAUSE O	F DEATH	INTERVAL SETWEEN ONSET AND DEATH
50110	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES		SHD	20 yrs
3	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEASE OR CONDITION CAUSING IT.		ETES MEL.	
	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
		ne, form, foctory, street, o	n or obout 21C. WHERE DID (If in Boltimare links bldg., INJURY OCCUR?	City, give exact lacotian)
	U OF INJURY	. INJURY OCCURRED  sile At Not While  At Work	21F. HOW DID INJURY OCCUR?	1.0
	22. I certify that (1) (his hospital) attended that (1) (we) last saw the deceased alive on	he deceased from	9/23 19 06 ta 9/11 19 ond that in (my) ((our) opin	19 19 19 19 19 19 19 19 19 19 19 19 19 1
	ond hour ond from the couses stoted obove ( 23A. SIGNATURE  D, A, SPO	7-	ending Med. Sloff	238. DATE SIGNED 60
approva	23C. PHYSICIAM'S NAME (Type)	alf M.D.	SINAI HOSP.	ITAL
1	REMOVAL (Specify)	Woodlawn Ceme	the state of the state of	y, town, ar county) (Stote)
	25A. DATE REC'D SPEALTH DEPT 966 25B. NAME		25C. FUNERAL DIRECTOR	ADDRESS Mt Re. ase
[]	VS 150 DEV 1/1/65			



66	0974			BALTIMORE CITY HEA			1	88	09743
BIRTH NO.		MEDIC	CAL E	XAMINER'S C	<b>ERTIFICA</b>	TE OF [	DEATH Register	red No	OJ PEO
M.E. CASE NO									MENTAL DE LA
1. NAME OF I	DECEASED					2. DATE ANI	D HOUR PRONOUNCE	D DEAD	
			DONAL	D KERR		Septen	mber 22, 196	6	7:05 P M
3. PLACE IN 8.	ALTIMORE, MA	RYLAND, WH	ERE PRONC	UNCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If insti	tution: reside	ence before admissio
FULL NAME O	F (IF NOT	IN HOSPITAL	L OR INSTITUTE	TUTION, GIVE STREET	Mai	ryland	Ani	ne Arui	udeT
INSTITUTION	ADDAL	33 04 20041	10147					100	2-110
	0. 4-	77-	1			ssup	electrical and a land	1011	
	St. Ag	nes Hos	pital		D. STREET ADDI	KESS (IT rural,	give lacation)		
					Greenway		Route #2,		
5. SEX	6. RACE			DIVORCED (specify)	B. DATE OF BIRTI	Н	9. AGE (In years lost birthday)		1 Yr. If Under 24 Hr Doys ( Hours , Min.
Male	Whit			vorced	Jan 7,	1930	38X 36		
			OR KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreig	n cauntry)	12. CITIZE	N OF
dane during mast	af warking life, e .neer	ven if retired)	But1	er Aviation	Boga	lu ea '	Louisiana		U. S. A.
13. FATHER'S N			Du or	el WATGOTON	14. MOTHER'S M				0. 0. 2.
		-11-			7		!!1		
15. WAS DECE	Lackwon		PORCECT	16. SO CIAL	17. INFORMANT	nd Eve	ноиск	ADDRESS	
(Yes, no or unkno				SECURITY NO.	17. INFORMANT			WDDKE22	
No					Bultman	Mortua	ry New Orle	ans	La.
18.	13.13			CAUSI	OF DEATH				INTERVAL BETWEEN
DIS		IDITION DIR	COLV						ONSET AND DEATH
Dis	LEADING	TO DEATH	ECILI	Arter	ioscleroti	ic heart	disease		
(This doe	us not meon t ure, asthenia, e	he mode of	dying, e.g.	DUE TO					***************************************
injury ar	camplication w	hich caused de	eath.)						
	ANTECENDI	ENT CAUSES							
DISEASE	S OR CONDI	ENT CAUSES		(8)					•••••
RISE TO	THE ABOVE C	AUSE (A) STA	THE THE	DOE 10					
	YING CONDI	IION LAST.		(C)					
<u>0</u>		11							
OTHER S	IGNIFICANT C		ONTRIBUT	ING					
	OR CONDITION			THE		*************************			
19A. DATE				WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FIN	IDINGS CO	NSIDERED
5 21		WAS PERFO			Yes		IN CERTIFYING CAUS		
21 A. EXTER	NAL CAUSE W	/AS	218	PLACE OF INJURY (e.g.,				ve exact lac	ation)
UNDERLYIN	GOR CONTR	18-	han etc.	ne, farm, factory, street,	olfice bldg., INJURY	OCCUR?	The same of the sa		
X NO TIME	AUSE OF DEA	1111							
OF INJURY	(Month)	(Day) (Year)	(Haur)	21E. INJURY OCCURRED	21 F. H	OM DID INTO	IRY OCCUR?		
(APPROX.)			m.	WHILE AT NOT	WHILE				
22.						1.1. 1.			
10	ertify that I	held an In	quiry	Inspection Au	tapsy X one	d thot on thi	s bosis, death in m	y opinion	
re	sulted from:	Notural cau	ses X	Accident Suicle	le Homici	de 📙 U	Indetermined monne	er	
	1.	1	1		CHIEF M	EDICAL EX	AMINER		DATE SIGNED
ACTU		11.12.	Jala	gate M.D	ASSISTANT M	EDICAL EX	AMINERX		DATE SIGNED
	ATURE	1	0 7	-1	ASSOCIATE M			tember	23, 1966
	MINER'S C	naries	S. Spr	ingate, M.D.	AJJOCIATE	LDICKE C	KAMINEK BOP		
23A. BURIAL	REMATION,	23B. DATE	2	3C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (City,	tawn, or co	ounty) (State)
REMOVAL (Spe	ecify)	9/25/60	4	II M					
Remon				Hope Mau so.		Ne	w Orleans.	Louisi	lana
24A. DATE REC	TO BY HEALTH	DEPT.	248. NAM	E OF REGISTRAR	24C. FUNER	AL DIRECTOR	T= 1	A	DOKESS
	cro o	2 40000	500	2 Parma	Will	bram 1	la Bree Ho	12-	nother
	SEF Z	3 1900 /	I Mary	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,000	-10	1,00000	0700	W Z V V

. C. The state of the state of

IMPORTAN

DIRECTOR:

FUNERAL

To Ellewith Colle

IMPORTANT

DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/65

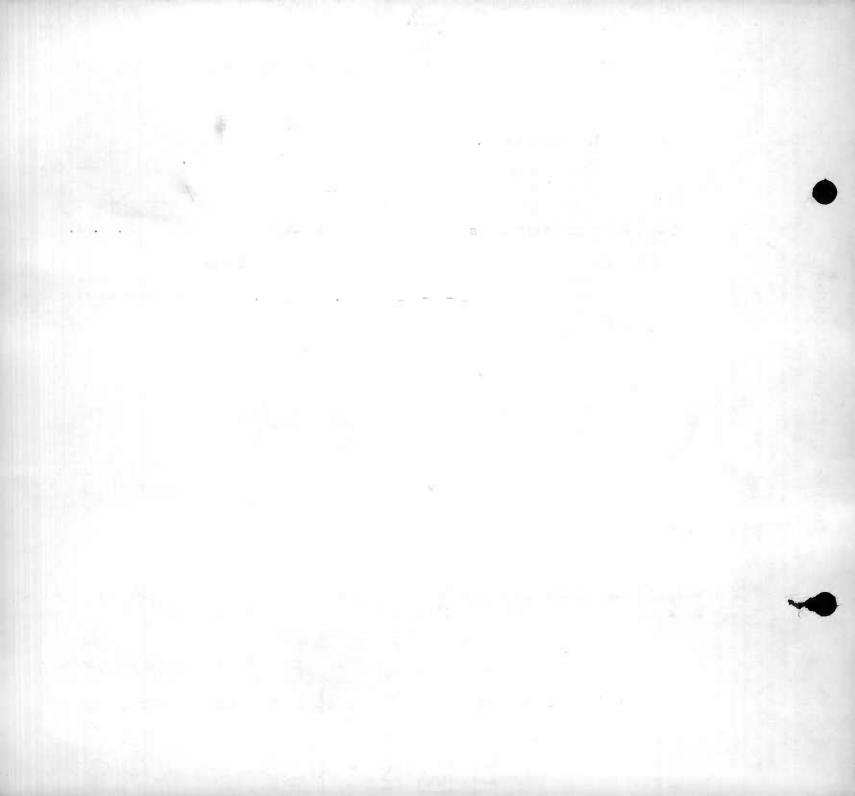
BALTIMORE CITY HEALTH DEPARTMENT

Robert hossiter 25 Syl 1966 Marine Balling Adjust City Hoph 715 Rock Ave 9/13/03 63 Pl Commerce I leta mach Virginia C1517 Edward M house ter Lilliam Gaskins Centure Morest Pulmen 3 Elm Bomehageme Ca & Helischen to Aldersteil Mile. 22 949 66 Ly be those Disay A RANG miles ic

M.E					OA DAMAS
	1H NO. 66 09746	CERTIFICA	TE OF DEATH	Registered No	66 09746
(Typ	LARRY BUA	COBS		pt. 25	66 1:14 A.
	FULL NAME OF (If not in hospital or institution, give	e street	Md. B. COU	MATO.CI	77
	NSTITUTION oddress or location)  Whiv. Hosp.		GALTIN	utside city limits, write  10RE rurol, give location)	RURAL and give tawnship)
			8 N Howar		
5. S		EVER MARRIED DIVORCED (specify) WED	8. DATE OF BIRTH  8-24-87	9. AGE (In years lost birthday)	Months Days Haus Min
don	SALESMAN THE	-72	ENGZA	ND	12. CITIZEN OF WHAT COUNTRY? 21. 5.
	ABRAHAM JACOBS			?COHEN	
15. Yes	Was Deceased Ever in U. S. Armed Farces? s, na ar unknawn) (III yes, give war ar doles at service)	SECURITY NO.	JOSEPH AND	REWS FUNE	ADDRESS RAL HOME NEW YORK
	heart failure, astherio, etc. It meons the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO	SCVHD Nypeurdul	Topoch	
HON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
RTIFICATION		ICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
L CERTIFICATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in	or about 21C, WHERE DID INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  • City, give exact location)
ICAL CERTIFICATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21B. PL home, etc.]	ACE OF INJURY (e.g., in faim, lactory, street, off	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	IN CERTIFYING CA	USES OF DEATH?  City, give exact location)
MEDICAL CERTIFICATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month! (Doyl (Year! (Hour! 21E. IN While Work))  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on the contribution of the contribu	ACE OF INJURY (e.g., infam, loctory, street, off	or about 21C, WHERE DID ice bldg. INJURY OCCUR?  21F. HOW DID IN  Sept. 25  19 6 6 ond t	URY OCCUR?	USES OF DEATH?  City, give exact location)
MEDICAL CERTIFICATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Doyl (Year) (Hour) 21E. IN While Work  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on and hour and from the causes stated above. (II) (23A. SIGNATURE)	ACE OF INJURY (e.g., in faim, loctory, sheet, off study).  AT Not White At Wark deceased from 2.5  We) (did) (did not) vi	or about 21C. WHERE DID ice bldg. INJURY OCCUR?  21F. HOW DID IN  19 66 ond to the wither body ofter death.	URY OCCUR?	USES OF DEATH?  • City, give exact location)
MEDICAL CERTIFICATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION 198. CONDITION FOR WH WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21.D. TIME (Month) (Doyl (Year) (Hour) 21.E. IN While Work  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on ond hour and from the causes stated above. (I) (23.A. SIGNATURE)  23.C. PHYSICIAN'S NAME (Type)	ACE OF INJURY (e.g., in faim, loctory, sheet, off study).  AT Not White At Wark deceased from 2.5  We) (did) (did not) vi	or about 21C, WHERE DID ice bldg. INJURY OCCUR?  21F. HOW DID IN  Sept. 25  19 66 ond to leave the body ofter deoth.  Anding Med. Director	IN CERTIFYING CA  (If in Baltimore  JURY OCCUR?  19 66 to 59  not in (my) (our) opi  Stoff Phys. 2	USES OF DEATH?  City, give exact location)  7  19  nian deoth occurred on the

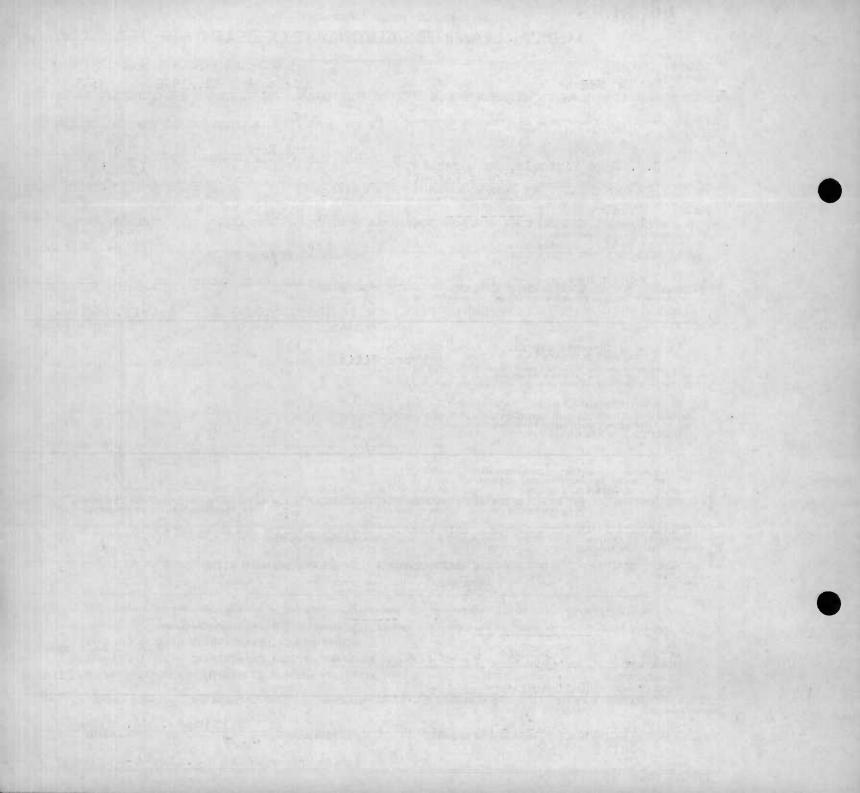
FUNERAL DIRECTOR: IMPORTANT

LARRY JACOBS Sept. 25 1.14 18 Md. BANTO.CETT EALTIMORE. Mais Horp Howard St. F-24-87 79 EUCE A section in the second MENAS PLANES THE PROPERTY OF STREET ASCUMD Pyrande Tokuchi Sept. 20 16 9-25-06



VS 151-REV. 1/1/65

	66 097	48	BALTIMORE	CITY HEALTH	DEPARTMENT		1	16:8	0979	1.6
BIRTI	H NO.	MEDI	CAL EXAMINE	R'S CE	RTIFICATE	OF D	EATH Regis	ered No	0379	19
M.E.	CASE NO.							1		
1. N (Type	AME OF DECEASED						HOUR PRONOUN			
	YENUNG	KEI SHUN					per 12, 19		8:45	A <sub>M</sub> .
3. PL	ACE IN BALTIMORE, N	AARYLAND, WI	HERE PRONOUNCED DEAD	4	LUSUAL RESIDENCE	(Where d	eceosed lived. If in B. CC	Stitution: resi	dence before o	idmi s sion)
HOS	NAME OF (IF NO ADDITION	OT IN HOSPITA RESS OR LOCA	L OR INSTITUTION, GIVE :	STREET	Chir	(If outside		ite RURAL o	nd give townsl	hip)
	ž.	- 5			Hongo, STREET ADDRESS	Kong	nive lecetion)		V 4	
	S.S. Ne	gs Victo	ria, Anchorage Lower Harb	17F3,	S. SINEEL ADDRESS	,	3,10 1000 1011)	03	-02	
5. SE	X 6. RACE		7. MARRIED, NEVER MARI		DATE OF BIRTH		9. AGE (In year	If Unde	r 1 Yr. If Unde	
M	ale Yell	ow	WIDOWED, DIVORCED(sp	ecityi	about 19	38	28	1410111113	Doy's Hours	1
			108. KIND OF BUSINESS O	R INDUSTRY I	BIRTHPLACE (Stote	or foreign	country)	12. CITIZ	EN OF	
lone	during most of working life, probabl	y a Sea	man.		China			200	b. Chin	a.
3. F.	ATHER'S NAME			1.	4. MOTHER'S MAIDE	N NAME				
	could	not as	certain	100	coul	d not	ascerta	in .		
	AS DECEASED EVER IN no or unknown), (If yes, g	U.S. ARMED	FORCES?  16. SOCIAL		INFORMANT			ADDRES	S	
	probably NO		Probably N	ONE 1	Niles, Bart	on, Ga	ns and la	rkell	. Balto	-2120
1	B. /1 99 ")				OF DEATH		WHITE HAR		INTERVAL BI	ETWEEN
	DISEASE OR CO	ONDITION DIS	FCTI Y						ONSET AND	DEATH
	LEADIN	G TO DEATH	(A)	Myocard	itis					
	(This does not mean heart foilure, asthenia.	etc. It meons	the disease,	TO	***					
	injury or complication	which coused o	le oth.)							
	ANTECEN	DENT CAUSE	S							
	DISEASES OR CON			JE TO			300000000000000000000000			
	UNDERLYING CON		(6)							
Ó		11	(0)-				,			
CERTIFICATION	OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING							
읪	TO THE DEATH DISEASE OR CONDIT			***************************************						
E		ON 198, CON	DITION FOR WHICH OPER	ATION	20 A. AUTOPSY? (Yes					
	2	WAS PERF	ORMED		Ye	s	N CERTIFYING CA	USES OF D	Yes	
O	21A, EXTERNAL CAUSE UNDERLYING OR CON UTING CAUSE OF DE	TRIB-	21B. PLACE OF IN home, form, foctor etc.)	JURY (e.g., in ry, street, offi	or obout 21C. WHER	E DID (II	f in Boltimore City,	give exact l	ocotion)	
	21D TIME (Month)	(Doy) (Yeor	(Hour) 21E. INJURY	CCURRED	21 F. HOW I	DID INJUI	RY OCCUR?			
	OF INJURY (APPROX.)		WHILE AT	NOT W	HILE					
+	22.		m. WORK	AT WO						
		1	nquiry Inspection		ond the	_			n	
	resulted from	: Natural cou	ses Accident	Sylcide			ndetermined mar	ner		
	1671111	1/11	A. M.	(/	CHIEF MEDIC				DATE SIG	GNED
	ACTUAL SIGNATURE	108	) us un y		SSISTANT MEDIC					
	EXAMINER'S			- 1	ASSOCIATE MEDI	CAL EX	AMINER		9/12	2/66
024	NAME (Type)		r Breitenecker		COSTALATORY	122 1 0	CATION	ty, town, or	countul.	f Stote)
	BURIAL CREMATION,	23B. DATE	23C. NAME of	CEMETERY OF	CREMATORY	23 D. LO	CATION (C	ty, town, or	county)	131016/
	Cremation	Sen	t-26-66 Gr	eenMour	t.		Baltimore	, Md.	21202	1
24A	DATE REC'D BY HEAL	TH. DEPT.	t-26-66 Gr 248 NAME OF REGISTRA	7	24C. FUNERAL D	IRECTOR			ADDRESS	
	JEF	# n 1906	O'C' TE, V.	2 Perpet	Stewart	8 Mo	wen Co. ]	08-W-	North-A	v 212



2. DATE AND HOUR PRONOUNCED DEAD September 18, 1966 1:20 A 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY C. CITY OR TOWN (Il outside corporate limits, write RURAL and give township) 5406 Grant St., N. E. S.E.-(Son)----9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH II Under 1 Yr. II Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours Min. Married May 30, 1910 Female Negro 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Edgefield, S. C. Housewife USA 13. FATHER'S NAME Luther Adams Susie Gilchrist 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SO CIAL 17. INFORMANT ADDRESS Wash.,D.C. SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) 578-28-2940 Mr. Willie Adams (husband) 5406 Grant St., N.E. No 1B. // INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic & Hypertensive (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiovascular Disease. ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED No 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location) home, form, factory, street, affice bldg., INJURY OCCUR? MEDIC UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D TIME (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT (APPROX.) NOT WHILE Autopsy ond that on this bosis, death in my opinion I certify that I held on Inquiry Inspection X Homicide resulted from: Notural couses X Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 9/18/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION. 23B, DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specily) Arlington, Virginia Burial Arlington National 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR 24A. DATE REC'D BY HEALTH DEPT. 424 R St., N. W., MALVAN & SCHEY, INC. Washington, D. C.

VS 151-REV. 1/1/65

THE STATE OF THE PROPERTY OF THE PARTY OF TH Cheer ett (bradingt) annt ettite ett (bytteis-rit

IMPORTANT

DIRECTOR:

FUNERAL

Dute , a sedimony

- -

Delignates Mily District Value burgered commercial

BRANCES PROPERTY AND ADDRESS OF THE PERSONS AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE P

-vitedoutes 3d ,us rescales

co contex in, the

College of the colleg

BIRTH NO.	WED	ICAL EX	AMINER 5 C	EKTIFICA	IE OF D	EATH Registe	ared No. 1		1
M.E. CASE NO.	EACED				IN DATE AND	HOUR PRONOUNG	ED DEAD		
(Type or Print)	EDWARI	THOMA	S JENKINS			ber 26, 19		9:20	Α
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A STATE		ceosed lived, If ins	titution: resi		1011
FULL NAME DE HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	ITION, GIVE STREET	C. CITY OR TO		carparate limits, writ	e RURAL o	nd give townsh	iip)
18	819 Harford	Ave.		D. STREET ADD	RESS (If rutol, gi			,	
	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)	If Under Months	Doys Haurs	r 24 Hrs. Min.
dane during mast of w	vorking life, even if retired)	Sing	LE BUSINESS OR INDUSTRY	3-26-26		ca untry)	12. CITIZ WHA	EN OF	
Lab	orer			Baltin	nore, Md.			U.S.A.	
	liam C. Jenk	ina		Coomaia	Datasa				
5. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	16. SO CIAL	Georgia 17. INFORMANT	Brown		ADDRESS	S	
yes, no or unknown?	(II yes, give wor or dot	es of service	214-20-9191	William	1 JEN	KINS 13	3/14 3	PRIN	5.5
1B.	1 X		CAUSE	OF DEATH				INTERVAL BE	
RISE TO TH UNDERLYIN OTHER SIGN TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE T CONDITION CAUSIN	CONTRIBUTING							
19A. DATE OF	OPERATION 198. COL		WHICH OPERATION	20A. AUTOPSY Ye	(? (Yes or No) 20	B. IF YES, WERE FI I CERTIFYING CAU Yes	INDINGS C	ON SIDERED	
UNDERLYING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., form, factory, street,	in or obout 21C.	WHERE DID (If				
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes	V	VHILE AT NOT AT W	WHILE	OW DID INJUR	OCCUR?			
	tify that I held an	Inquiry A	Inspection Au			basis, deoth in a		n	
ACTUAL	URE Char	& J_(	pat M.D	CHIEF M	EDICAL EXA	MINER A		DATE SIG	
EXAMIN NAME (	Type) Charle	s S. Sp	ringate, M.D.	ASSOCIATE N	MEDICAL EXA	MINER Se	Prembe	1 20, 1	700
23A. BURIAL CREATE REMOVAL (Specify Burial		100	C. NAME of CEMETERY O		23D. LOG	imore, Mar	vland	county) (	(Stote)
	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR			ADDRESS	
	SEP 28 1966	R. C. A	FE, Farleyma	Marsh	all W. J	ones, Jr.	1735 H	Harford	Ave.
VS 151-REV. 1/1/		1	A		1 11 1				

VS 150-REV. 1/1/65

A.E. CASE NO. , NAME OF DEC	EICHER	. PEAR	L E.	2, DAT	26-66	12:05P
PLACE OF DEA	TH IN BALTIMORE, MAI					institution; residence before admission
FULL NAME O HOSPITAL OR INSTITUTION		or instilution, g	give street	A. STATE B, C	PENNSYLVAN	ITA e RURAL ond give township)
CT ACNE	C HUCDITAL			100	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	911 ROCKRIDGE RD.
SEX AGINE	S HOSPITAL		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, . If Under 24 Hr
FEMALE	WHITE	WIDO		11-03-00	lost birthdoyl	
one during most of a	JPATION (Give kind of work working file, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR	PENNA.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
EDWARD	LEISH			14. MOTHER'S MAIDEN		
	Ever in U. S. Armed Ford		16. SOCIAL SECURITY NO. NONE	17. INFORMANT		ON AVES. 21229 CORDS.WILKINS AN
heart failure, injury or cam	at mean the made of asthenia, etc. It means plication which caused	the disease,		RCINOHA C LEFT - MET	KIDNEY	3 P MONTHS
DISEASES Orise to the UNDERLYING	asthenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, it obove cause (A) CONDITION last.	the disease, deoth.)  any, giving stoting the	(B)	- MET	KIDNEY	·······································
DISEASES Onise to the UNDERLYING	asthenia, etc. It means plication which caused ANTECEDENT CAUSES  R CONDITIONS, it is above cause (A) is condition last.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING 17  OPERATION [198]. CONNING NO PERATION [198].	the disease, deoth.)  any, giving stoting the ONTRIBUTING TO THIT.  DITION FOR VORMED	(B) OUE TO (C)  VHICH OPERATION	E 20A. AUTOPSY? (Yes	ASTATIC	E FINDINGS CONSIDERED
DISEASES OF THE NOTIFIED TO THE DISEASE OR TO TH	asthenia, etc. It means plication which caused ANTECEDENT CAUSES  OR CONDITIONS, it is above cause (A) to condition last.  FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING IT, OPERATION 198. CON WAS PERFORM CONDITIONS CEATH BUT NOT RELATIONS TO THE CONDITIONS CONDITION	ontributing  Ontri	(B) OUE TO  (C) WHICH OPERATION  Mass - Bio psie Place Of INJURY (e.g., e., form, foctory, street, e.g., form, foctory, e.g., foctory, e.g., form, foctory, e.g., form, foctory, e.g., form, foct	E 20A. AUTOPSY? (Yes	ASTATIC  OF NO) 20B. IF YES, WER IN CERTIFYING C	
DISEASES OF THE NOTIFIED TO THE DISEASE OR TO TH	asthenia, etc. It means plication which caused ANTECEDENT CAUSES  R CONDITIONS, it obave cause (A) CONDITION last.  FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING 10 OPERATION 198. CONUMAS PERFORMATION TO THE CONDITION CAUSING 10 OPERATION 198. CONUMAS PERFORMATION 198	ony, giving stoting the  ONTRIBUTING TEO TO THI T.  DITION FOR V ORMED  21B. hom etc.)	VHICH OPERATION ,  Mass - Bio psie PLACE OF INJURY (e.g., form, foctory, street, form)  INJURY OCCURRED  INJURY OCCURRED	TE  20A. AUTOPSY? (Yes in or obout 21C. WHERE D office bidg., INJURY OCCU  21F. HOW DID	OF NO) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OF TISE TO THE DISEASE OF TISE TO THE DISEASE OF TISEASE	asthenia, etc. It means plication which caused ANTECEDENT CAUSES  R CONDITIONS, it obove cause (A) CONDITION last.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING IT, OPERATION 198. CONWAS PERFORMANCE CONDITIONS CONDITIONS CONDITIONS CONDITIONS CAUSING IT, OPERATION 198. CONWAS PERFORMANCE CONDITIONS	any, giving stoting the  ONTRIBUTING TEO TO THI T.  DITION FOR V ORMED  (Hour)  21E, Whi Wor  ) ottended th	(B) OUE TO  (C)  WHICH OPERATION,  Mass - Biopste  PLACE OF INJURY (e.g.,  e, form, foctory, street,  INJURY OCCURRED  le At Not Whik  At Work	in or obout 21C. WHERE Dolfice bldg., INJURY OCCU	ASTATIC  208. IF YES, WER IN CERTIFYING C  (II in Bollim R?  (III in Bollim	E FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OF THE PROPERTY OF TH	asthenia, etc. It means plication which caused ANTECEDENT CAUSES  R CONDITIONS, it obave cause (A) to obave (A) t	ony, giving stoting the ONTRIBUTING TEO TO THIT.  DITION FOR VORMED  (Hour) 21E, Whi Wor of the other of the other on the	VHICH OPERATION (C)  WHICH OPERATION (Mass - Blopste Place Of INJURY (e.g., form, foctory, street, form, foctory, foctory, form, foctory, foc	in or obout 21C. WHERE Dolfice bldg., INJURY OCCU  21F. HOW DID  19 66 on  view the body ofter december.	OF NO. 208. IF YES, WER IN CERTIFYING CO. (II in Boltime Property of the prope	TE FINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exoct focotion)
DISEASES OF THE DISEASE OF THE DEATH (notify)  210. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we) ond hour ond	asthenia, etc. It means plication which caused ANTECEDENT CAUSES  R CONDITIONS, it is above cause (A) if above cause (A) if was understring and above cause (Month) (Ooy) (Yeor)  That (I) (this hospital lost saw the decease if from the causes stated.	ony, giving stoting the ONTRIBUTING TEO TO THIT.  DITION FOR VORMED  (Hour) 21E, Whi Wor of the other of the other on the	VHICH OPERATION (C)  WHICH OPERATION (Mass - Blopste Place Of INJURY (e.g., form, foctory, street, form, foctory, foctory, form, foctory, foc	in or obout 21C. WHERE Dolfice bldg., INJURY OCCU  21F. HOW DID  19 66 on  view the body ofter detending Med. Director [23D. ADDRESS]	ASTATIC  OT NO) 20B. IF YES, WER IN CERTIFYING C  (II in Bollim R?  (III in Bollim R?  19 66 6  d that in(my) (our) o  oth.	E FINDINGS CONSIDERED CAUSES OF DEATH?  Ore City, give exact tocohion)  19 66  pinian death accurred on the do
DISEASES OF TISE TO THE DISEASE OF TISE TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (notify)  210. TIME OF INJURY (APPROX.)  22. I certify that (1) (we) ond hour one 23A. SIGNATU	asthenia, etc. It means plication which caused ANTECEDENT CAUSES  IR CONDITIONS, it is obove cause (A) is obove cause (A) is conditions caused to the condition of the condition causing it is conditionally cause of medical examiner.  It was underlying cause of medical examiner.  (Month) (Ooy) (Year)  that (I) (this hospital lost saw the decease if from the couses state with the couses with the couses with the couses with the couse with th	the disease, deoth.)  any, giving sloting the  ONTRIBUTING ITEO TO THI T.  DITION FOR V FORMED  21B. hom etc.)  (Hour) 21E. Whi Wor ) ottended the dalive on	WHICH OPERATION ,  Mass - Bio psie PLACE OF INJURY (e.g., e., form, foctory, street, details and work at work	in or obout 21C. WHERE Dolffice bldg., INJURY OCCU  21F. HOW DIE  19 66 on  view the body ofter determing Med. Director 21  23D. ADDRESS	OF No) 20B. IF YES, WER IN CERTIFYING COR?  IN IN IN CERTIFYING COR?  IN I	pinian death accurred on the do

and

hospital

occurred

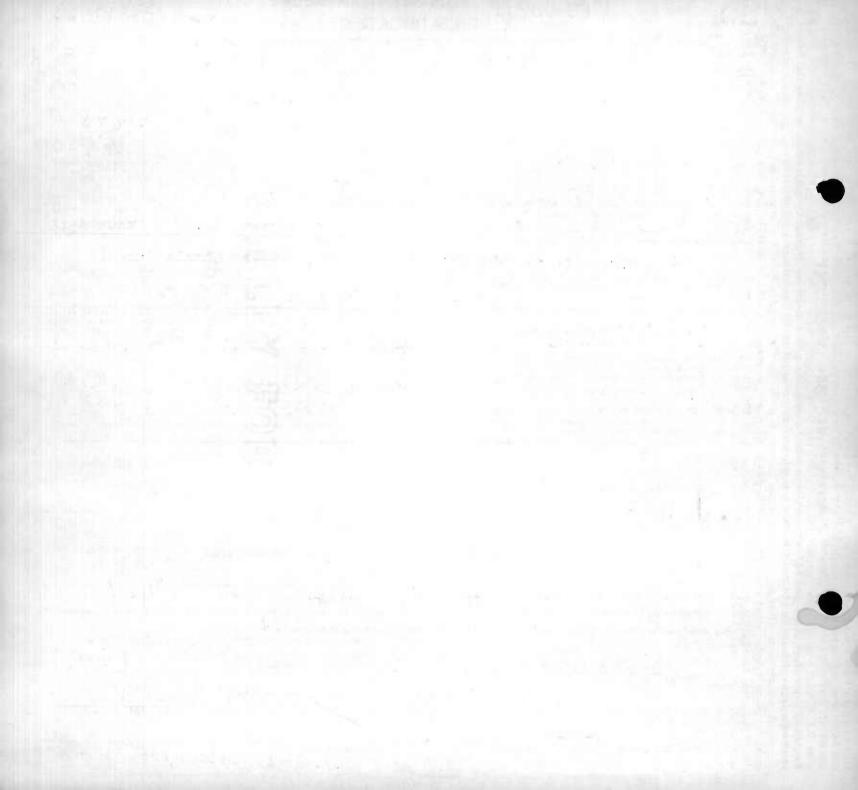
death

IMPORTANT

DIRECTOR:

FUNERAL

by



death

IMPORTANT

FUNERAL DIRECTOR:

approved

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours

ADDRESS

339

S. CERNWA INTERVAL BETWEEN ONSET AND DEATH

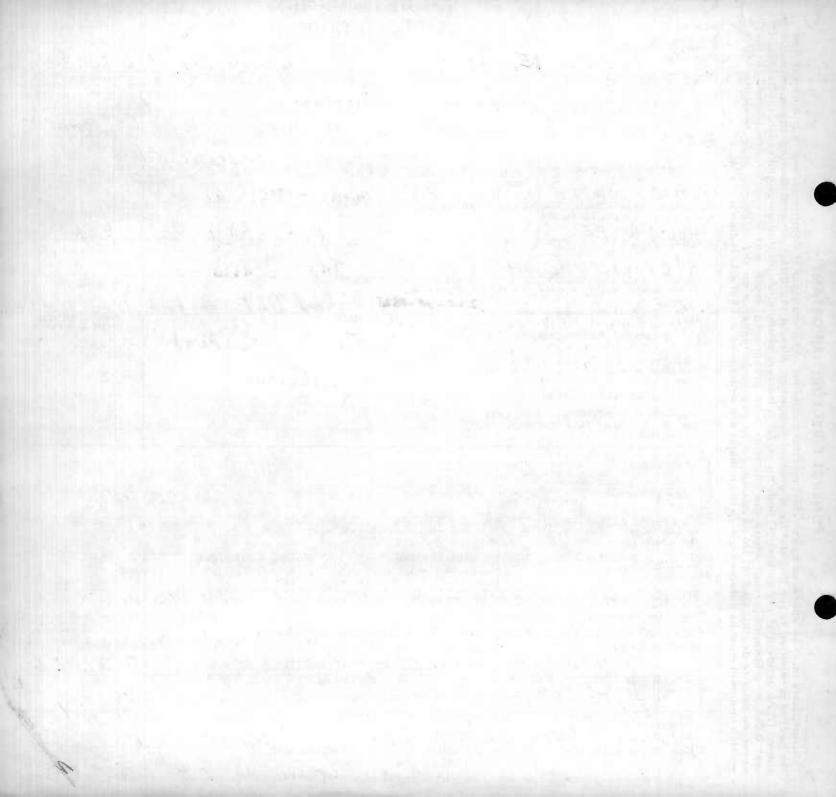
10 23 10:

STATE FRANKES

CHAS, E. ZIMDERAINE STEELE

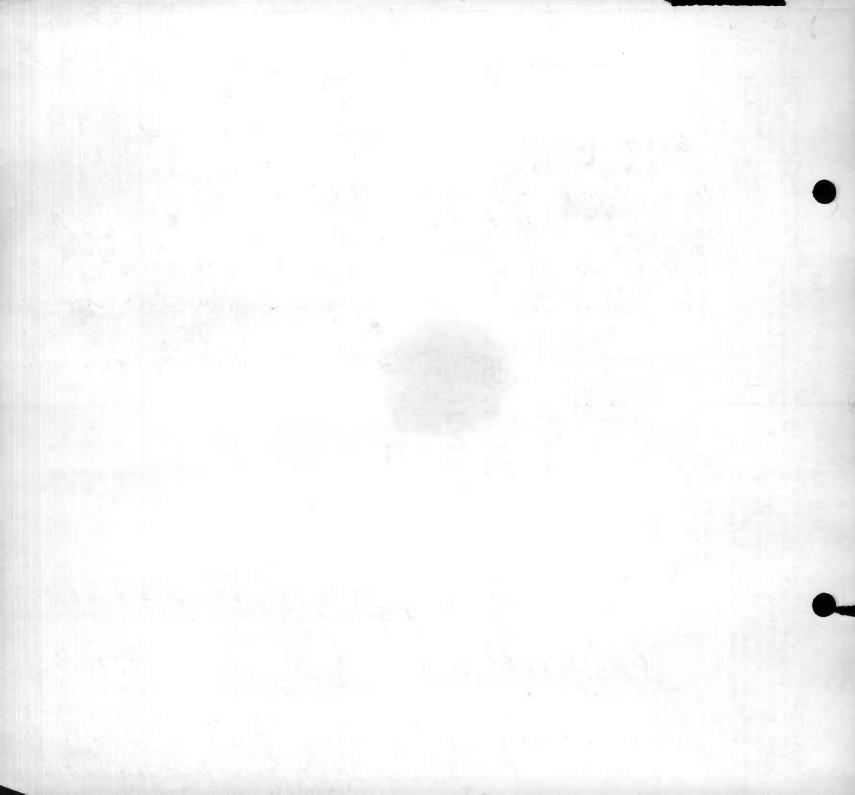
THE WART

Market Amelia and Millery

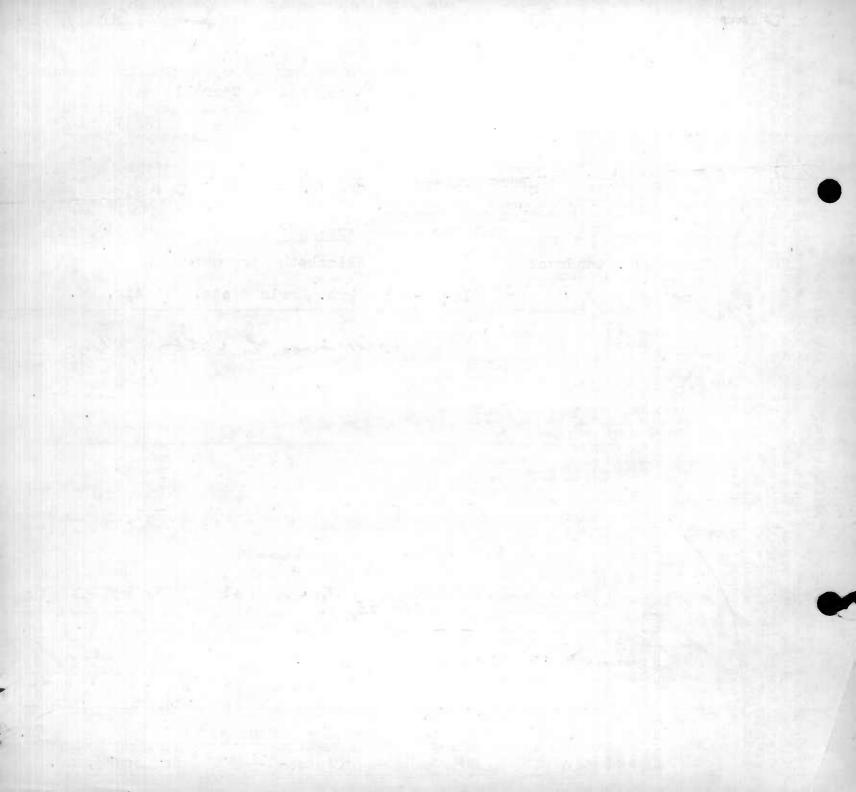


			101 m		BALTI	MORE CITY	HEALTH D	EPARTMENT				
)	BIRTH NO.	66 09	756		CER	TIFICA	TE OF	DEATH	Registere	ed No	66 09	755
	1. NAME OF DEC	EASED /-	Ch	24/00	1/1	ckse	24/	2. DATE	AND HOUR OF	DEATH	101	9 0
	3. PLACE OF DE	ATH IN BALTI	MORE, MARY	LAND	UM	0/100		RESIDENCE (WI	here deceased liv	ed. If institut	ion: residence befor	re admission)
1	FULL NAME OF (If not in hospital or institution, give street oddress or location)					1	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
9	580	14 C	Veca	enes	1 /-1	VL	D. STREET	ADDRESS (	If ryrol, give loco	res/	Ave	
	Male White WIDOWED, DIVORCED (specify) 9-15-15 lost birthd								9. AGE (In year lost birthdoy)	ors If Mo		Inder 24 Hrs.
	Supervisor Restaurent Chain Pennsylvenia								CITIZEN OF WHAT COUNTRY	2		
	Chryl	es //	n. J	Ackso	ON		Mil	Cl red	Ste	infi	rst	
	15. Was Deceased (Yes, no or unknown	Ever in U. S,	Armed Force wor or doles	of service)	6. SOCIAL SECURITO	y Nd.	17. INFORM	INIZ B	Jackso	11 58	04 Wood	derest 14
	1B. 42 DISEA	SE OR CONE		CTLY		CAUSE O	DEATH/	tom	us coulding	Och	INTERVAL BE ONSET AND	
	(This does not meen the made of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)								10 que	retter		
	ANTECEDENT CAUSES  (B)  DUE TO									•••••••••••••••••		
	rise to th	OR CONDITI e obave co G CONDITIO	ouse (A) s		(	(C)	***************************************		**************************************			机合金属 医水平性 医皮肤炎 化二甲基苯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
	E TO THE D	IFICANT CON EATH BUT CONDITION	NOT RELAT									
		OPERATION		TON FOR W	HICH OPER	ATION	20 A. AU	TOPSY? (Yes or I			INGS CONSIDERED	0
	OR CONTRIBUTE	NT WAS UND UTING CAU medical exam	SE OF	21 B. P home etc.)	LACE OF II	NJURY (e.g., ir ory, street, of	or obout 21 fice bldg., IN	JURY OCCUR?	(If in	Boltimore City	y, give exact locati	on)
	OF INJURY	(Month) (D	oy) (Year)	(Hour) 21 E, 1 While Work		Not While At Work		F. HOW DID IN	NJURY OCCUR?	P7. (	1.	
		that (1) (thi			deceased	-11-100	7-6				death occurred	
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.											
	234. 316.14	Con	1001	Coli	long 9	M.D. Atte	nding	Med. Director	Stoll Phys.	238	9/26/	66
	NAME (1		TER N	. KOLM	AN	M.D.	370	Park	Heights	Aven	ue	
	24A. BURIAL CRE	MATION, 24E Specify)	DATE	24C.NA	ME of CEME	ETERY OF CRE	MATORY	24D.	LOCATION	(City, to	wn, or county)	(Stote)

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (STATEMOVAL (Specify) 9-27-66 DVUID RICGE CEM. PILLESUILE, Balto Co. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS, VS 150-REV. 1/1/65



VS 150-REV. 1/1/65



IMPORTANT

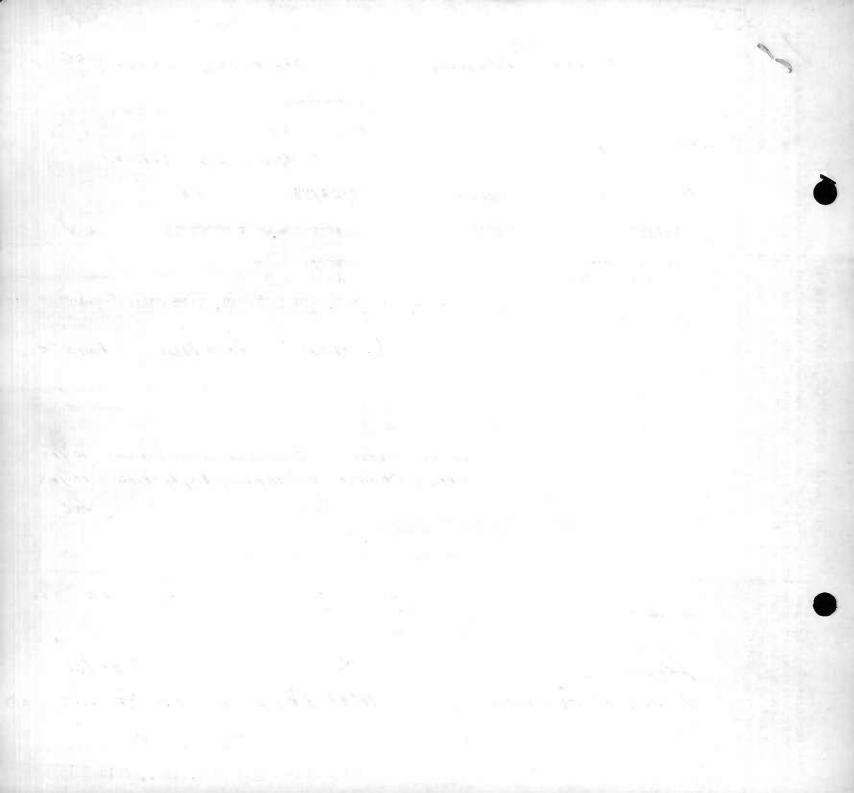
DIRECTOR:

FUNERAL

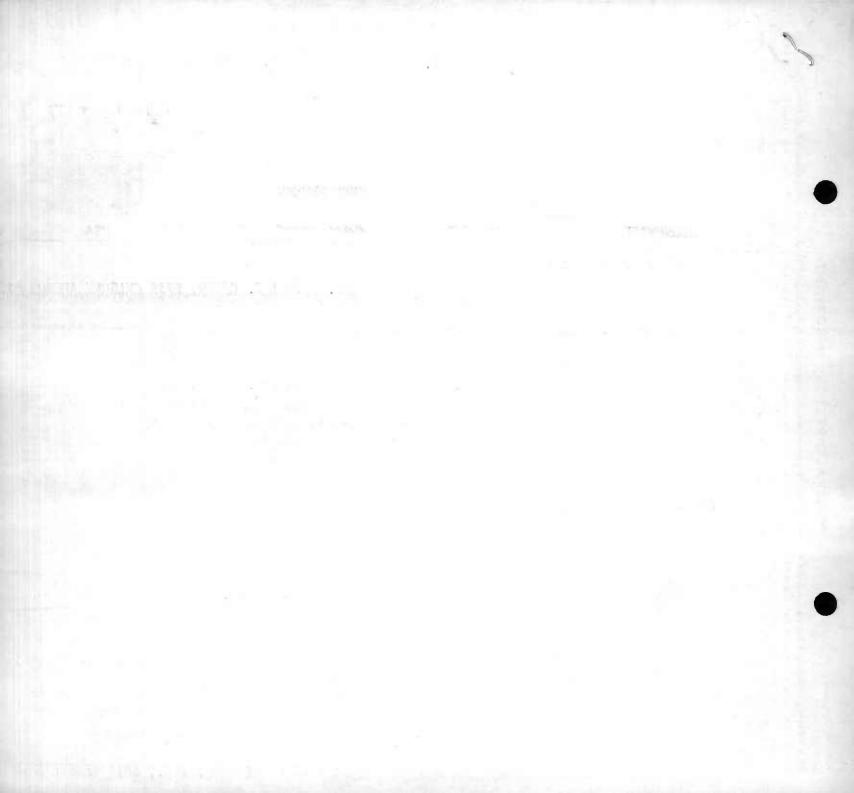
May perce determine present with a fire

Jour Sprage

VS 150-REV. 1/1/65

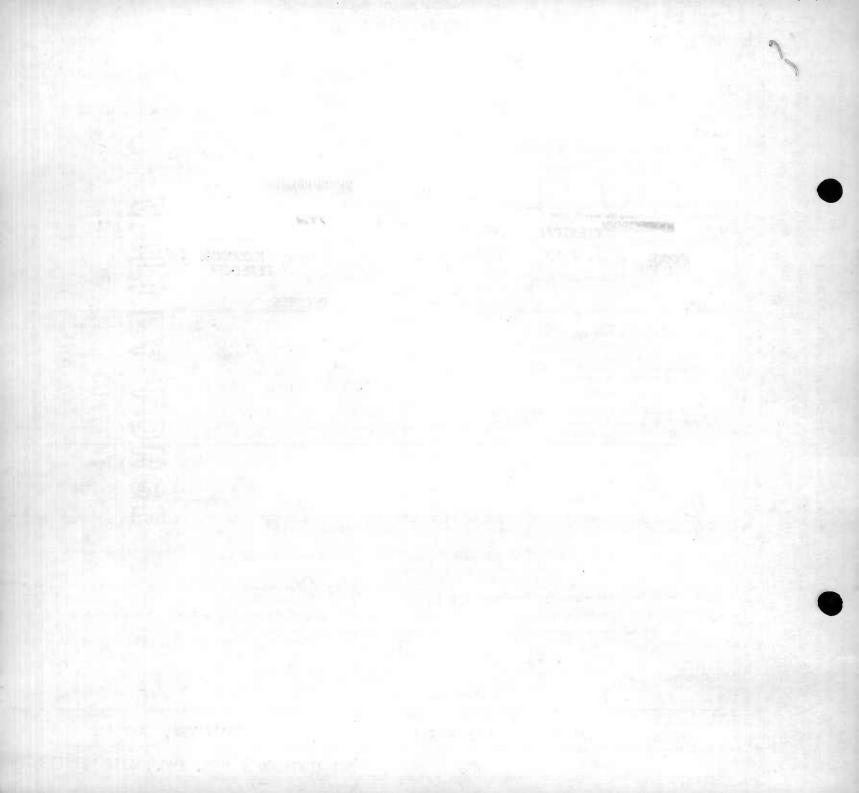


	0.00004	BALTIMORE CITY	HEALTH DEPARTMENT	00 00704			
BIRTH NO.	6 09761	CERTIFICA	TE OF DEATH Registered No	. 66 09761			
M.E. CASE NO.			2. DATE AND HOUR OF DEATH				
	bou p	060 0	SEPT- 25-1966 455PAT.				
(Type or Print) (O) 3. PLACE OF DEATH IN B	ALTIMORE MARYLAND	6 OK D.	4. USUAL RESIDENCE (Where deceased lived, If				
			A. STATE B. COUNTY				
FULL NAME OF (IF	not in hospital or institu	ition, give street	maryleud	00-5			
INSTITUTION	Idress or location)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
/	SINAI L	LOSPITHL	D. STREET ADDRESS (If rurol, give location)  2735 CY/BULM AUE. #15				
-1	3 / 11 /						
SEX 6. RACE	7. MAE	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 h			
Fu		OWED, DLVORCED (specify)	MANAMAMARA TO TO THE PROPERTY OF THE PARTY O	Months Doys Hours Min			
			11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF			
lone during most of working life				WHAT COUNTRY?			
HOUSEWIFE		AT HOME	Barrimore. inavyland	· USA			
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
SOLONDO	n Baron		Jenny Barou.	Chien			
5. Was Deceased Ever in 1	The second secon	1 6, SOCIAL	/				
Yes, no or unknown) (If yes,	give war or dates of ser	SECURITY NO.	17. INFORMANT ANUE LA COHEN MAR	135 CYLBURY AVENUE			
NO		213-48-554	MENANCHARANANANANANANANANANANANANANANANANANANA	MARABARARARARARARARARARARARARARARARARARA			
1B.		CAUSE O		INTERVAL BETWEEN			
DISEASE OR C	ONDITION DIRECTLY	1 - Respi	ratory - eardine arrest.	ONSET AND DEATH			
	G TO DEATH	2 - in doa 7	D Upunuipolau Fiorilation	· -			
	the mode of dying,	e.g., DUE TO					
	, etc. It means the dis which coused death.)						
	DENT CAUSES	3 - (B) M/0 C	audial Infaretion & Polms	Dusty			
		DUE TO	entine Heave Entitle	G .			
	DITIONS, if ony, g	iving the	audial Infarction & Polmostive Heart Failure 1195m Of the 10ug (2). 1 70505 from Ca. of the 6	210306/4			
UNDERLYING COND		3 (6) 400	ZALOS (HOM AR OF THE S	2 - 20 5			
	11	meras	reser prom ear of the e	7,72			
OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING 5-					
TO THE DEATH I	BUT NOT RELATED TO	O THE					
	ION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED			
Jun - 1444	CQ. OF	Bress 7. (Mastern	IN CERTIFYING C	AUSES OF DEATH?			
21A. ACCIDENT WAS	UNDERLYING	218. PLACE OF INJURY (e.g., in	N	ore City, give exact location)			
OR CONTRIBUTING	CAUSE OF	home, form, foctory, street, of	fice bidg., INJURY OCCUR?				
0							
OF INTLERY	(Day) (Year) (Hour)	21E. INJURY OCCURED  21F. HOW DID INJURY OCCUR?  While At Not While At Work					
(APPROX.)							
00 1 11	(.1.4.1			25			
22. I certify that (1)	(this hospital) attend	ded the deceased fram	17 9 9 10	36/1 19 0 9			
that (I) (we) last say	w the deceased alive	on Spp 1- 6	19 6 and that in(my) (aur) a	pinian death accurred an the o			
and haur and frain th	ne causes stated aba	ve. (1) (We) (did) (did nat) v	iew the bady after death.				
23A. SIGNATURE	6 1			23B. DATE SIGNED			
	- Lo aury		nding Med. Stoff Phys.	SCPT-25-19			
DOC BUINE STATE	) /	Phy					
23C. PHYSICIAN'S NAME (Type)	Crand		23D. ADDRESS				
	FRAMEISC	O SAENZ M.D.	SINAI HOSPITAG	House STAFF			
4A. BURIAL CREMATION,	248. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D, LOCATION	(City, town, or county) (State			
REMOVAL (Specify)			The second secon				
BURIAL	9/26/66 LTH DEPT. 258. NA	AGUDAS ACHIM ANS	SHE SFARD BALTIMORE	MARYLAND			
SA. DATE REC'D BY HEAL	TH DEPT. 258. NA	ME OF REGISTRAR		ADDRESS			
SEP	28 1966 02.2	sals E. Farber MA	SOL LEVINSON & BROS. IN	IC. 6010 REISTERS			
'S 150-REV. 1/1/65	1 4 4 4						



IMPORTANT

FUNERAL DIRECTOR:

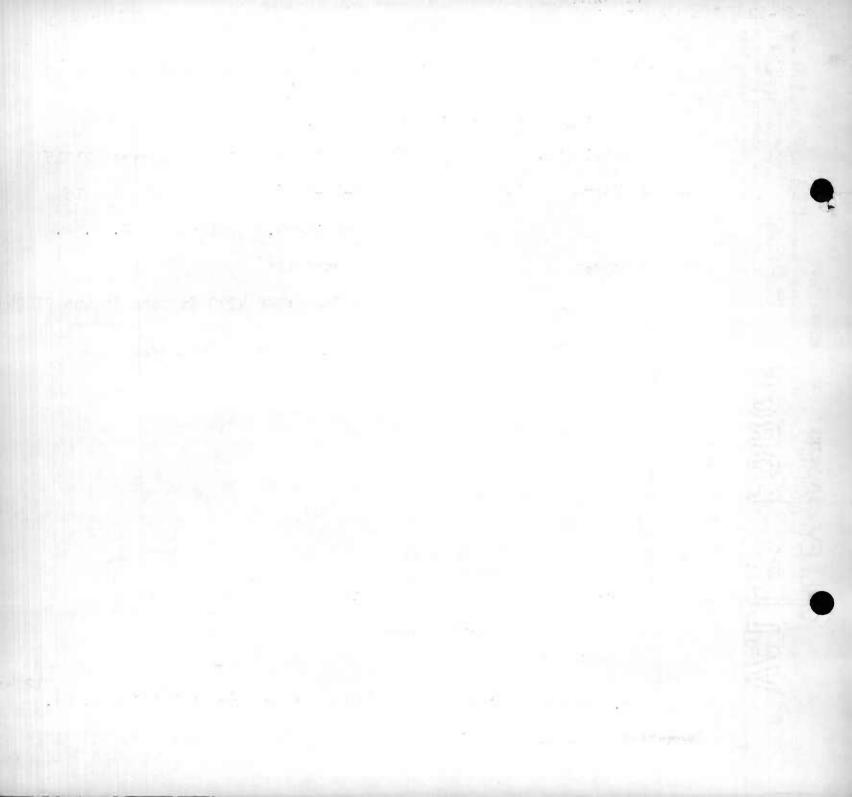


IMPORTANI

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/65



MPORTAN DIRECTOR:

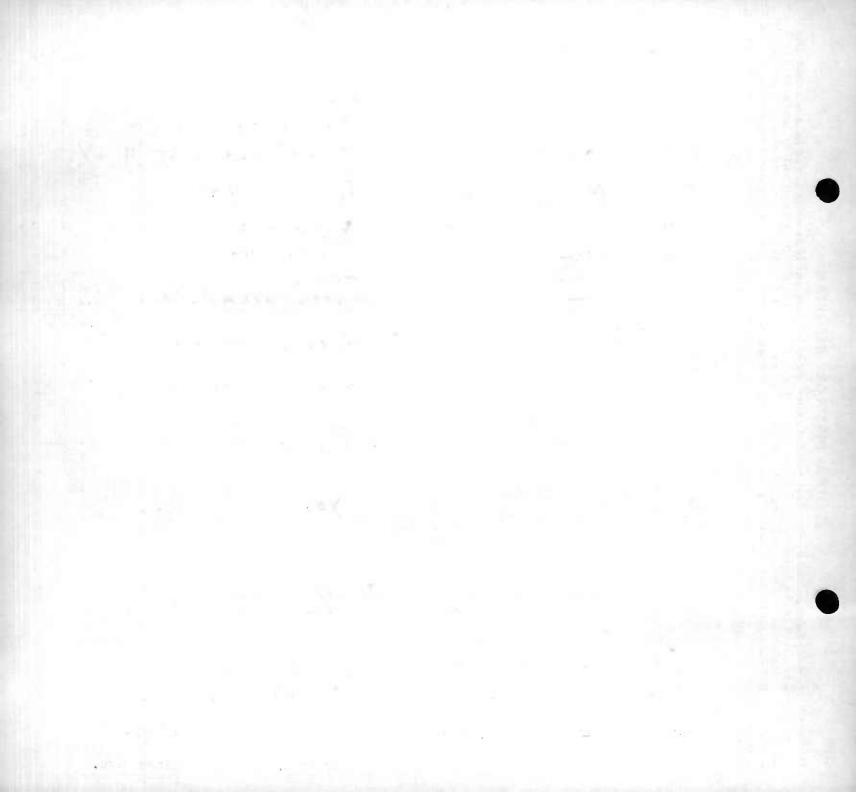
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT HIGHLAND If Under 1 Yr. Months Doys II Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 0.5 IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19 6 and that In (my) (aur) apinian death accurred an the date 23B, DATE SIGNED BALTIMORE

Sold the automorphism of the feet of the WATE Manual Harmon the stiffer thresh by approvable passed Many of the contract of the last of the contract of the last of the contract of the last of the contract of th 93 12-6 X

Stationard Grant marchand Conict Steven Evening to right

VS 150-REV. 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 66 09768 Registered Na. 2. DATE AND HOUR OF DEATH B. COUNTY (If outside city limits, write RURAL and give township) rural, give location 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthday Hours 12. CITIZEN OF WHAT COUNTRY? USA EE-WILSON ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? 1966 to 9-25 19 66 and that in (my) (aur) apinion death accurred on the date 23B. DATE/SIGNED Staff Phys. 24D. LOCATION (City, town, ar county) ADDRESS

The world of the second of the STARK OF WESTERN Elern BRUTC. P.D. WARE Septe Entrack PUNISHED THE . C. Section 1979 Telephone Line 1971 and 19 Electrical Alexanders of ASCAL THE WATER

at

Y

0.0

Was

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

no

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) William A. C. Hughes, Jr. September 24, 1966 12:30 P. M.

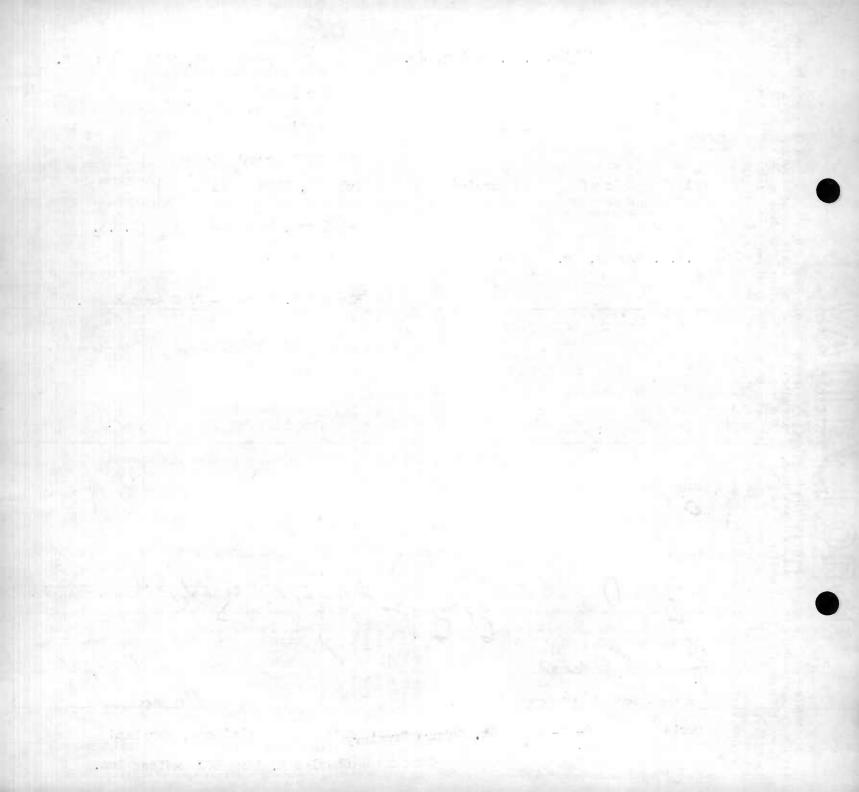
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 2400 Arunah Avenue D. STREET ADDRESS (If rurol, give location) 2400 Arunah Avenue 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthday Male Colored July 24, 1905 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at fareign country) 12. CITIZEN OF done during most of working life, even it retired) WHAT COUNTRY? Lawyer Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W.A.C. Hughes, Sr. Mary Butler 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 7. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. No Blanche D. Hughes - 2400 Arunah Ave. CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH of the Cerphania (This does not mean the made of dying, e.g., mbal heart failure, asthenia, etc. It means the disease. injury or camplication which caused death.) ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Wark At Work 22. I certify that (1) (this hospital) attended the deceased fram. + comany 1 estimber 1966 that (1) (we) last saw the deceased alive on ) and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated above. (1) (We) (did not) view the bady after death. 234, SIGNATURE 23 B. DATE SIGNED M.D. Attending [ Stoff Med. approval 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS EMERSON 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased Burial (Specify) Auburn Cene terre

Baltimore, Maryland

802 Madison Ave.

Charles R. Law

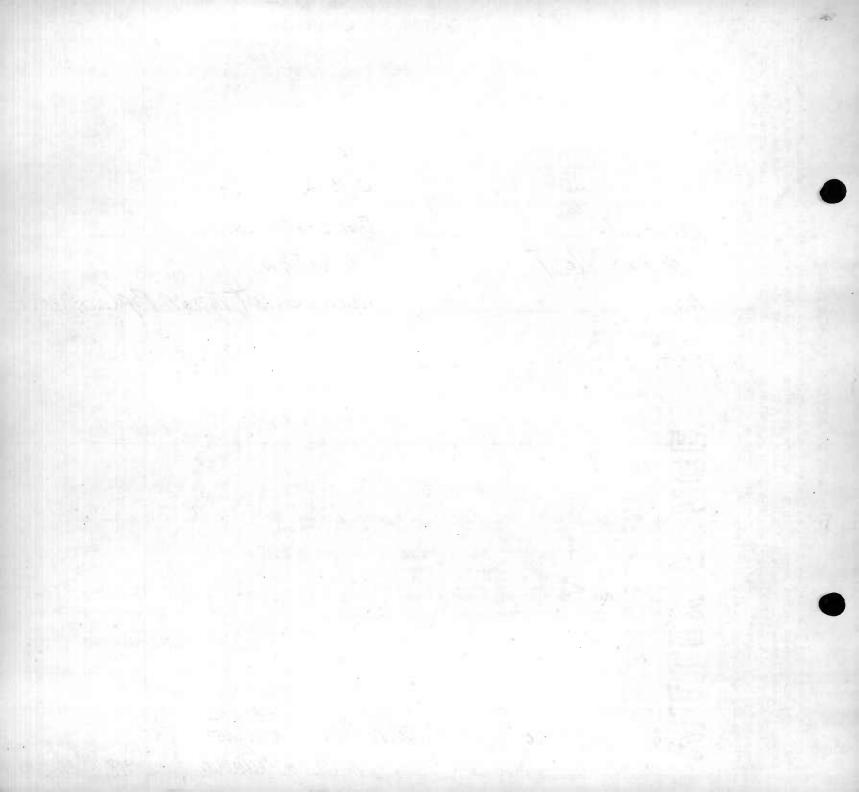
**ADDRESS** 

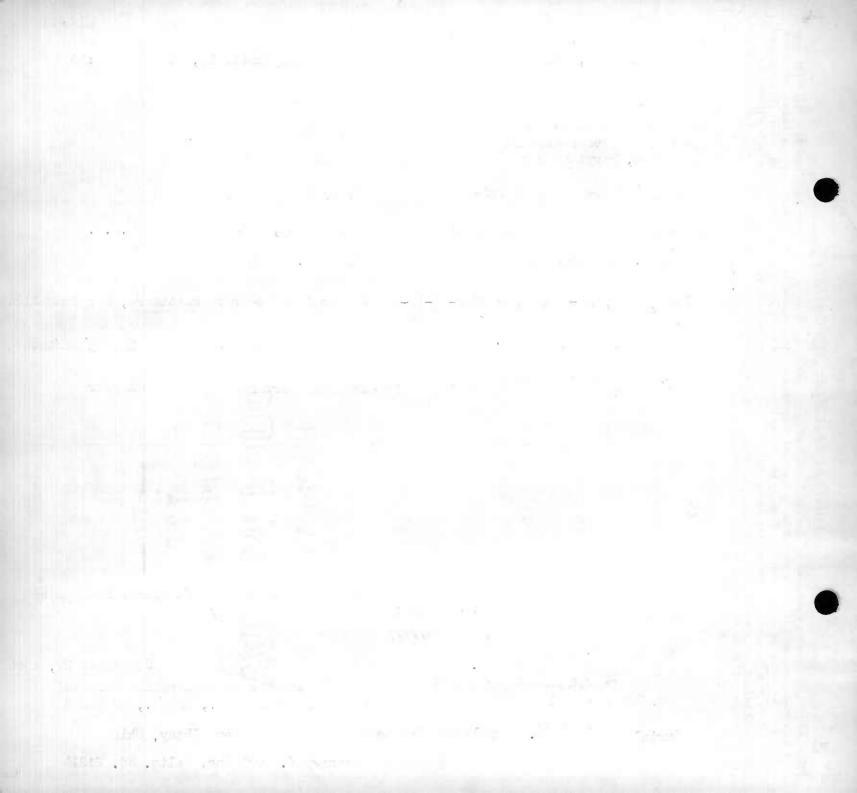


IMPORTANI

DIRECTOR:

FUNERAL





IMPORTANT

FUNERAL DIRECTOR:

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

II Under 24 Hrs.

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

. 

-		K	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

66,20469	BALTIMORE CITY	HEALTH DEPARTMENT	1	CC DOMMO
BIRTH NO. 60 09/12	CERTIFICA	TE OF DEATH	Registered Na	00 03/12
M.E. CASE NO.  1, NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print)	K 00.11	Z. DATE AN	2/2-/10	1/130
3. PLACE OF DEATH IN VALTIMORE MARYLAND	Kreidler	4. USUAL RESIDENCE (When	d deceased fixed If ins	titution: residence before odmission)
		A. STATE , B. COUN		monon residence dende dendesion,
FULL NAME OF (If not in hospital or institution, gr	ve street	Maryland (:	Baltimorp	
HOSPITAL OR oddress or location) INSTITUTION				URAL ond give township)
		Baltimos	· P	1 53 00
		D. STREET ADDRESS	tural, give location)	7 /
University Hospital		9009 114	2tond 1	4
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	DIVORCED (specify)	9/20/66	lost birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF		11. BIRTHPLACE (State or forei	5 days	12. CITIZEN OF
done during most of working life, even if retired)		,		WHAT COUNTRY?
Baby		Marylan	d	05
13. FATHER'S NAME	***	14. MOTHER'S MAIDEN NA	ME	
Robert K- 11		Man	112-16	
15. Wos Deceosed Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	Wolfr	ADDRESS
(Yes, no of unknown) (If yes, give wor or dotes of service)	SECURITY NO.	D T	1/	ADDRESS / / D
NO		Rober KR	PidLen 9	009 Apatood 16
18. 7 5 4 4	CAUSE O	DEATH	/	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	12-	annital Cu	anotich	at the
(This does not mean the made of dying, e.g.,	DUE TO	rigential	911011611	390
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)		arsea	.56	
	(8)	complete Pula	nonic Valu	When 5
ANTECEDENT CAUSES	DUE TO	Stanse	1 4	R.1.64V
DISEASES OR CONDITIONS, if any, giving		n Til	D. O. I	E
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	- Milmore	refier	·····
		U		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0 .	110	-	
E TO THE DEATH BUT NOT RELATED TO THE	Nr. Cimon	ony Cabrila	Carmi	· 28 haure
U 194 DATE OF OPERATION 1198 CONDITION FOR W	Jecc	20 A AUTOPSY? (Yes or No		NDINGS CONSIDERED
# 7/2/// WAS PERFORMED		110	IN CERTIFIENG CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. P	Chaser	an about 21.5 William min	116 :- 0 -14'	City along and head a
OR CONTRIBUTING CAUSE OF home	form, foctory, street, of	fice bldg. INJURY OCCUR?	iii in soltimore	City, give exoct tocotion)
DEATH (notify medical examine)	-			
Q 21 D. TIME (Month) (Dov) (Year) (Hour) 21E I	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
▼ OF INJURY (APPROX.)  While				
Work		7/	66	al a
22. I certify that (I) (this hospital) attended the	deceased from	7/-3	19to	1966
that (I) (we) last saw the deceased alive an	7/25	19 6 and th	at in(my) (aur) apin	ian death accurred an the date
ond haur and from the causes stated abave. (1)	(Wa) (did) (did =====			
23A. SIGNATURE	(ma) (ala) (ala nat) v	iew the body after death.		23B. DATE SIGNED
	M.D. Atte	nding Med.	Stoff	0/6 1/6
Christoph J. Beelel	M.D. Phy	b. Director	Phys.	1/25/66
23C. PHYSICIAN'S NAME ITypel		23D. ADDRESS		111
Clinical La TQ	M.D.	Hausent of	2,000 and 10.	B Ot - 2.0
24A. BURIAL CREMATION, 24B. DATE / 24C.NA	eelel	ANATORY MALE	acation remains	SI ) ILUCE WIG -
24A. BURIAL CREMATION, 24B. DIATE 24C. NAI	ME of CEMETERY OF CRE	MATORY 0 240 E	OCATION (City	, town, or county) (15tote)
DURIAL 9/27/66 H.	Ly Redect	ner. k	)ALlin	10x1 Md
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF		25C FUNERAL DIRECTOR		ADDRESS
SEP 28 1966 12 0 M	10 En 11 100	Chas t. E.	VANJ4 JON	8802 the tord Rd
VS 150-REV. 1/1/65	Car Victoria a	7/700	-//-	-5-7
43 130-864, 1/1/03				

BIRT	H NO.	MEDI	CAL EX	CAMINER'S CE	RTIFICAT	TE OF DI	EATH Register	red Na	09773
-	CASE NO.								
	e or Print)	CEASED	Nelso	Lercy n Thomas		2. DATE AND	HOUR PRONOUNCE	7/66	2:15 a. M.
3. P	LACE IN BAL	TIMORE, MARYLAND, WI			4. USUAL RESID	ENCE (Where de		tution: reside	ence before odmission)
HO:	L NAME OF	(IF NOT IN HOSPITA		JTION, GIVE STREET		Maryl VN (If outside o	4		give township)
					D. STREET ADD		altimore	27-	34
y		Union Memor	ial Hos	pital	D. STREET ADD		0 Everall A	Ave.	
5. S	male	6. RACE white		NEVER MARRIED DIVORCED (specify)	June 2,		9. AGE (In years last birthday)		Yr. If Under 24 Hrs. Doys Hours Min.
		UPATION (Give kind of work working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN WHAT	OF COUNTRY?
975	airy Mai		Retail	Food Store	Maryla			USA	
13. F	ATHER'S NAM	A E			14. MOTHER'S M	AIDEN NAME			
		r F. Thomas	10000		Ruth 1	Ruby			
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	36	1952-1956		220-21-7377	Mrs. Rutl	n R. Thor	mas 3572 F	Poole S	
	18.	03.5		CAUSE	OF DEATH	*			NTERVAL BETWEEN
	DISEA	SE OR CONDITION DIE	RECTLY	Crani	locerebral	injury			
	heort foilure	not mean the made of , asthenia, etc. It means mplication which caused o	the discose.	DUE TO					**************************************
		ANTECENDENT CAUSE	2						
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)DUE TO					
	UNDERLYI	NG CONDITION LAST.	AING THE	(6)					
δ.		ll l		(C)					
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO T						
RT		POPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FIN		
ū	2 9,	/26/66 Sub- 8	and epic	dural hematoma	ye.	0	yes		
₹	UNDERLYING	L CAUSE WAS MOR CONTRIB-	Intollio	PLACE OF INJURY (e.g., i	fice bldg., INJURY	VHERE DID (IF	in Ithim Tr 8th toi	ô £xoct loc	otion)
- W	UTING CAL	ISE OF DEATH.	etc.)	street	372	24 Glenmo	ore Ave.	72 -	
	21 D TIME OF INJURY	(Month) (Doy) (Year		1E. INJURY OCCURRED		OW DID INJUR	OCCUR?	1/	
	(APPROX.)	9 26 66		VHILE AT NOT YORK AT W	ORK E fe				5
	22.	tify that I held on Ir	nquiry 🗌	Inspection Aut	opsy x one	d that on this	basis, deoth In m	y opinion	
	resu	Ited fram:  Natural cas	uses A	speident X Suicide	Hamici	de Un	determined manne	er 🗌	
	ACTUA	11110	. 1	7-1/		EDICAL EXA			DATE SIGNED
	SIGNAT	URE/////	511.	M.D.	ASSISTANT M				107/66
	EXAMIN NAME (		ner U.	Spitz, M.D.	ASSOCIATE M	EDICAL EXA	MINER	5	9/27/66
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, or co	ounty) (Stote)
24A	Buria DATE REC'D		248, NAME	Corraine Park OF REGISTRAR		Ba]	timore Cou	nty, N	DDRESS
		SEP 28 1996	0.0.1	- 2, Farley "	Burg	ee Juner	al Home	3631 F	alle Hoad
VS	151-REV. 1/1,	165 N 8 A	61226	K 0 0 0 1	1 0 7	a y	1010	July	110000

and the same of th

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

_	E CASE NO.					
l. (Ty	NAME OF DEC					2. DATE AND HOUR PRONOUNCED DEAD
		JAC	CK	FILES		September 26, 1966   8:00 A. M.
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RES	SIDENCE (Where deceosed lived. If institution: residence before admission)  8. COUNTY
HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Ma	aryland TOWN (If outside corporate limits, write RURAL and give township)
IIN 3	NOITUTIES				Ва	altimore 20-03
1/-		Bon Secours H	lospital		D. STREET AD	DDRESS (If rurol, give location)
1					1	1927 W. Baltimore Street
5. 5	SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BI	BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
	Mala	Title of the co		DIVORCED(specify)		lost birthdoy) Months Doys Hours Min.
104	Male	White		Divorced	(1) DIDTURE AC	CE (State or foreign country) 12. CITIZEN OF
		working life, even if retired)	NINE KIND OF	BUSINESS OR HADUSTR		WHAT COUNTRY?
						d - Marion Co. W. Va. U. S. A.
13.	FATHER'S NAM	A E			14. MOTHER'S	MAIDEN NAME
		John File	S			Mary Vandergrift
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMAN	209 Merchant St. Fairmont, W. Va.
N.C.	Yes	World War 1		218-07-6385	Composto	
-	18.					er & Ford Fun'l. Home
	ESI	12.4			OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION DI	RECTLY			d myocardial imfarct
	(This does a	LEADING TO DEATH		(A) comp1	icating	cerebrocranial injuries
	he ort toilure,	osthenio, etc. It meons	the diseose,	DUE TO		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inprecision which could	ocom,			
	Δ	INTECENDENT CAUSE	S	(P)		
		OR CONDITIONS, IF A		DUE TO	000000000000000000000000000000000000000	
		NG CONDITION LAST.	IA IING THE			
Z				(C)		
E		10		E 15 AT 17		
0	OTHER SIGN	NIFICANT CONDITIONS DEATH BUT NOT RE				
H	DISEASE OF	R CONDITION CAUSING				
CERTIFICATION	19A. DATE OF	OPERATION 19B. CON		WHICH OPERATION	20A. AUTOP	PSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2	The same of the sa		, o kivies			Yes Yes
8	UNDERLYING	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., , form, factory, street,	in or about 21 C.	WHERE DID (If in Boltimore City, give exact location)
EDIC/	UTING MCAU	OR CONTRIB- SE OF DEATH.	etc.)	street		Monroe and Baltimore Streets
Σ	21 D TIME	(Month) (Doy) (Yeor	r) (Hour) 2	TE. INJURY OCCURRED		HOW DID INJURY OCCUR?
	(APPROX.) Se	ept.15,1966 8			WHILE X P	Pedestrian struck by auto
	22.	. pe. 15, 1500 0	. 0 5 21 <sub>m.</sub> v	VORK L AT W	ORK AL	edestitan struck by auto
		tify that I held an I	nquiry	Inspection Aut	opsy X	ond that on this basis, death in my opinion
	resul	ted fram: Natural car	uses A	ccident X Suicid	e Hami	nicide Undetermined manner
		(3)	1	0.	CHIEF	MEDICAL EXAMINER
	SIGNAT		3 J	M.D.		MEDICAL EXAMINER X
	EXAMIN	ER'S Charle	s S. Sp			EMEDICAL EXAMINER September 26, 1966
	MOVAL (Specify		231	C. NAME of CEMETERY	CREMATORY	23 D. LOCATION (City, town, or county) (State)
	Removal	9/29/19	66	Muzum Cemete	2025	Fairmont, West Virginia
24/	A. DATE REC'D			OF REGISTRAR	24C. FUN	VERAL DIRECTOR ADDRESS
	S			E. Falleytia	Easi	ton Funetal Home Catonsville, Md.
VS	151-REV. 1/1/					

A STATE OF THE STATE OF THE STATE OF The Total Experience of the Control of the Control

### BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT	
 	ı,

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 0 19775
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
EZEKIEL WHITLEY	September 26, 1966 8:30 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
INSTITUTION	Baltimore /8-0
1051 W. Lexington Street	D. STREET ADDRESS (If rural, give location)
1031 W. Hexington Bereet	1051 W Towinston Chase
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	1051 W. Lexington Street  B. DATE OF BIRTH   9. AGE (In years   1/4 Under 1 Yr, If Under 24 Hrs,
WIDOWED, DIVORCED (specify)	9-28-1906 lost birthdoy) Months Doys Hours Min.
Male Negro MARRIED  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LAPOTEIE DEddING	NORTH CATOLINA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Matthew Whitley	ANGELIA Whithey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (II yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
Tres, no branknown, in yes, give wor or notes of service, Secontil No.	Bertha Whitley 1051 W. Lexington 57
18. CALLSE	
CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	rcinoma of stomach
(This does not meon the mode of dying, e.g., head foliure, asthenia, etc. It means the disease. injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION POR WHICH OPERATION WAS PERFORMED	TOO A ALITOROUS (V ALIVOROUS ENERS SURPLEMENTED CONTINUES OF THE PROPERTY
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No
✓ 21 A. EXTERNAL CAUSE WAS       21 B. PLACE OF INJURY (e.g., home, form, foctory, street, company of the property of	in or obout 21C, WHERE DID (If in Boltimore City, give exact location) lifice bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT \( \text{NOT} \)	WHILE [7]
m. WORK AT W	
	apsy and that an this basis, death In my apInlan
resulted from: Natural causes X Accident Suicid	e HamicIde Undetermined manner
1 1 1 1 1 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Charles M.D.	ASSISTANT MEDICAL EVANIMED X
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	associate medical examiner September 26, 1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	T CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Q-30-11 Data	Acro OK Balls And
BURIAL 9-50 DE MEDULUS M	JEIN 116. 199
24A. DATE REC'D BY HEALTH DEPT. 24R NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
1000 A 10	MORTON + DURTT 1901 LAURENS
VS 151-REV. 1/7/65	
V3 131-KL V: 1/1/03	

EAST G.SC-DE PERSON LEWISCON TOWN IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/65

a hospital and

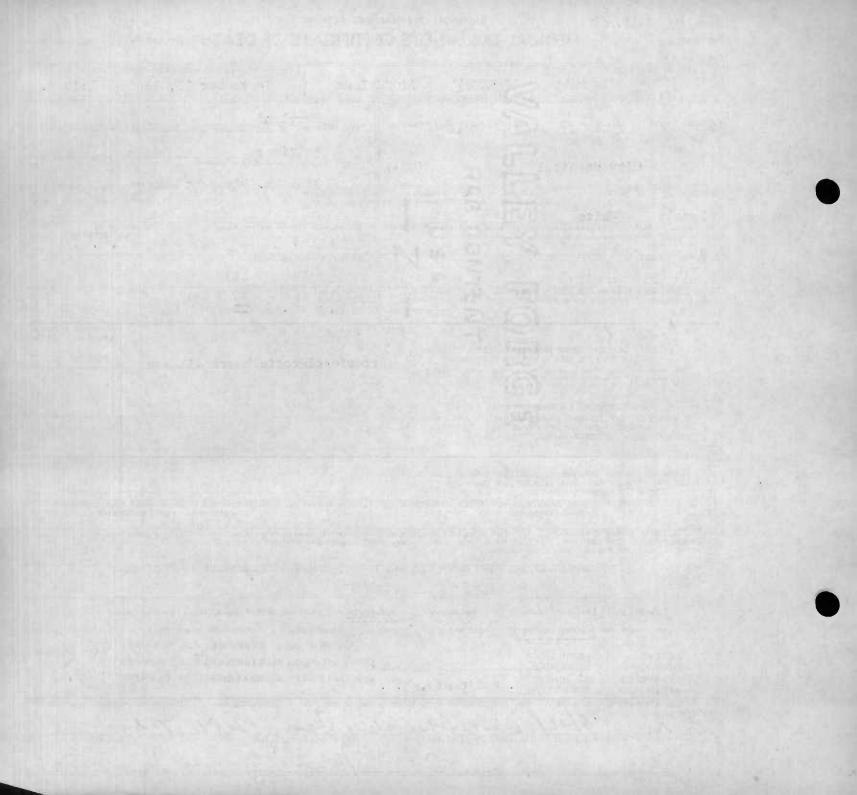
	00 0000	BALTIMORE C	TY HEALTH DEPARTMENT		
BIRTH NO.	66 0977	7 CERTIFIC	ATE OF DEATH	Registered No	66 09///
M.E. CASE NO.  I. NAME OF DECI (Type or Print)  E Inc	ra Mae	BROWN	2. DATE AN 9-22-	HOUR OF DEATH	P M.
FULL NAME O		institution, give street	A. STATE M D B. COUN	ΤΥ	titution: residence before admission)
institution			BA2-10	rurol, give logotion)	JRAL and give township)
5. SEX	inai Ha	osp.	2815 1	Valbroo.	
F	N	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	12-29-16	last birthdoy) 19	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	VORKING life, even if refired)	OB, KIND OF BU¶NESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	AE Tal		14. MOTHER'S MAIDEN NAM	AE .	
15. Was Deceased	Ever in U. S. Armed Force	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	Hunk	ADDRESS
No			Elmira 3.	Johns: 3	2815 Walbrook Au
	E OR CONDITION DIRE LEADING TO DEATH of mean the mode of	CTLY (A)	Metastatic C	a of Brown	INTERVAL BETWEEN ONSET AND DEATH
injuly of com	osthenia, etc. II meons I plication which caused ( ANTECEDENT CAUSES				
DISEASES O	R CONDITIONS, if at above couse (A) :	DUE TO ny, giving			
E TO THE DI	FICANT CONDITIONS COEATH BUT NOT RELATION CAUSING IT.	ED TO THE			
19A. DATE OF	OPERATION 198. COND	ITION FOR WHICH OPERATION PRMED	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBU	TING CAUSE OF	21B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED  White At Not Work  Not Work		JRY OCCUR?	
22. I certify	that (1) (this hospital)	ottended the deceased from	1-26-66 1	9 to 9-2	2 1966
	lost saw the deceased	olive on 9-22 d obove (ID (We) (did) (did not	19 <u>6</u> 6 and the		ion deoth occurred on the dote
23A. SYGNATU			, , , , , , , , , , , , , , , , , , , ,		23B, DATE SIGNED
23C. PHYSICIA	ence Aolo	mon M.D.		Stoff Phys.	9-22-66
NAME (T	ype)	M			
24A. BURIAL CREA	MATION, 248. DATE	24C. NAME of CEMETERY of	CREMATORY 24D. LC	OCATION (City	, town, or county) (State)
Butini	9-27-6		WRN B	alt, more	MARYLAND
S S	EP 28 1966 A	On It & Salvetia	25C. FUNERAL DIRECTOR		H 1701 Lange ST

Mar Brown 5 15 12-124 Rosma good in 2 2815 WelbRook A 11-29-11 Metastate Ca of man Proc 1000 1-26-66

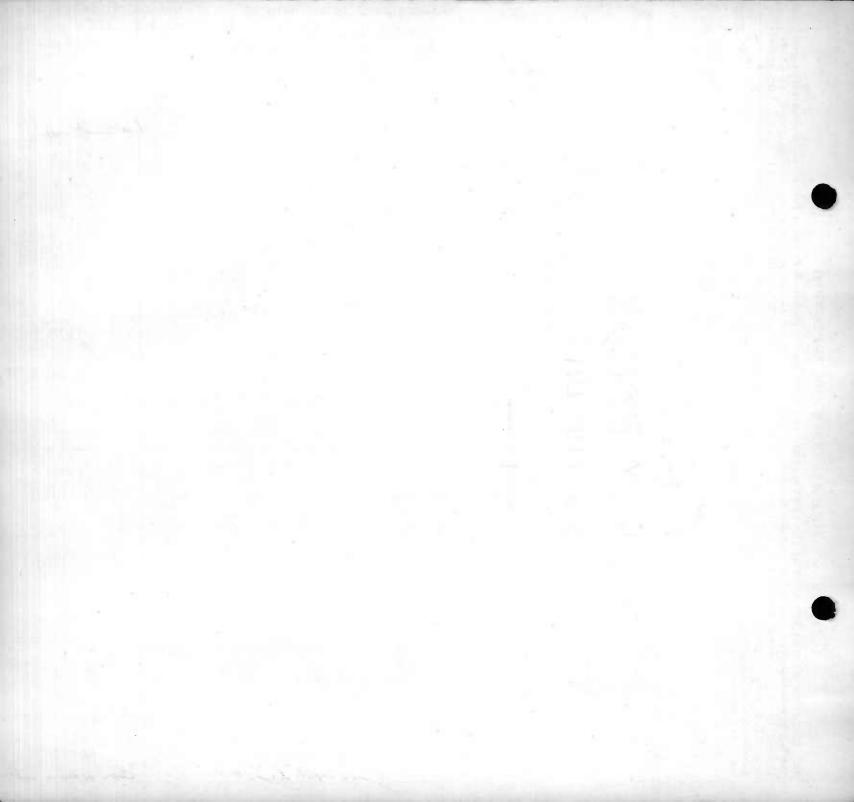
VS 151-REV. 1/1/65

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR PRONOUNCE	ED DEAD
MARY	(HAZEN) STO	NESIFER	September 23,	1966   1:10 A.M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDE		stitution: residence before admission
CUIT NAME OF SIE NOT IN HOSPITA	OR INSTITUTION COME CONTRACT		ryland 8. co	ONT
HOSPITAL OR ADDRESS OR LOC.	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOW	N (If outside corporate limits, writ	e RURAL and give township)
INSTITUTION		P.o.	1timore 2	6-09
City Mospita	1 (004	D CTREET ADDR	ESS (If rural, give location)	200
City Hospita	.1 (DOA	1)		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	09 Mt. Pleasent As	Venue If Under 1 Yr, If Under 24 Hrs.
	WIDO WED, DIVORCED (specify)	7/25/18	last birthdoy	Months Doys Hours Min.
Female White	separated		48	
tOA, USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)	RIOB. KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimo	ore, Maryland	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME	
John DiGiacomo		Amelia I	Fischetti	
15. WAS DECEASED EVER IN U.S. ARMEI		17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dot)	es of service) SECURITY NO. 215-24-64	60 Nr. G	eo. Hazzen 34	09 Mt. Pleasant
	217-27 07	111 . 41	700 110,20012	
18. 4.200	CAU	ISE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	IRECTLY			ONSET AND DEATH
LEADING TO DEATH	Н	Arterioscle	erotic heart disea	988
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused	f dying, e.g., DUE TO			
injury or complication which coused	de oth.)			
ANTECENDENT CAUS	EC			
DISEASES OR CONDITIONS, IF	(D)			
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	STATING THE			
	(C)	******		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER				
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT RE				
19A. DATE OF OPERATION 119B. COM	NOTION FOR WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE FI	INDINGS CONSIDERED
WAS PER			IN CERTIFYING CAU	
ZIA. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.	Yes	Yes	
O UNDERLYING OR CONTRIB-	home, form, foctory, street,	, office bldg., INJURY	HERE DID (If in Boltimore City, g OCCUR?	ive exact location/
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)			
210 HIVE (Month) (Doy) (Ted	Hour 21E. INJURY OCCURRE	D 21F, HO	W DID INJURY OCCUR?	
OF INJURY (APPROX.)	m. WHILE AT NO	T WHILE WORK		
22. I certify that I held an			that an this basis, death in a	my apinlan
resulted fram: Natural ca		ide Hamicid	le Undetermined mann	er 🗌
1011	2 10.	CHIEF ME	DICAL EXAMINER	
ACTUAL Char	Les Just	ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S Charal	- Frank	ACCOCIATE ME	EDICAL EXAMINER S	September 23, 1966
NAME (Type) Charle	es S. Springate, M.	D. ASSOCIATE ME	DICAL EXAMINER	- , <u></u>
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETER	Y or CREMATORY	23D. LOCATION (City	r, town, or county) (State)
REMOVAL (Specify)	1. 6. 61	., 1	B 2.	~ 4
your at	166 H. Stani	slaus (c)	n salte.	ill.
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERA	L DIRECTOR	ADDRESS
amb 0 = 4000	On the Frencha	Kann	2. m. Zaung	1- 212 CC VI



00 00000	. BALTIMORE CITY	HEALIH DEPAKIMENI	C	C 110770
BIRTH NO. 66 09779	CERTIFICA	TE OF DEATH	Registered No. 6	0 00770
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
(Type or Print) 7 / F / 5 /	FR I/FR		24-66	1 2 3 0 "
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	0			tion: residence before admission)
		A. STATE , 8. COUN	IY	
FULL NAME OF (If not in hospital or instit	lution, give street	Ma - BA	LTIMORI	
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	side city limits, write RUR	AL and give township)
THE STORY OF THE S		BALTIM	OKE	9-01
1		D. STREET ADDRESS (If	rural, give location)	1 00
MONTEBELLO	J. HOSPITAL	HARFORT	GUEST	HOUSE
	RRIED, NEVER MARRIED			
	DOWED, DIVORCED (specily)		last birthdoyl C M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, K)	NO OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or forei	10	
ne during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRI			2. CITIZEN OF WHAT COUNTRY?
MAITRESC		BALTIMI	ORE	LISA.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
OUADIED DO	1 mg mg 1 - 1 / 1			
HMMLES GKI	FFITH	MAKY ME	DRROW	
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
os, no or unknown) (II yos, give wor or dotos of se		de ion		
	219-03-3531	Hospilal Kele	ndo	
18. 170 X I	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1	- 1/,	ONSET AND DEATH
LEADING TO DEATH	(A)	a. hreas	1 with	1959-1966
(This does not meen the mode of dying,	e.g., DUE TO	V		
heori foilure, osthonio, etc. Il meons the di injury or complication which coused death,	seose,	-		
		uelestan	3	
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony,				
rise to the obove couse (A) sloling	g lhe (C)			
UNDERLYING CONDITION lost.				
II.				
OTHER SIGNIFICANT CONDITIONS CONTRI-				
DISEASE OR CONDITION CAUSING IT.	O INE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FINE	DINGS CONSIDERED
1959 WAS PERFORME	ight heart	Les	IN CERTIFYING CAUSES	S OF DEATH!
21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (o.g., in	or obout 210. WHERE DID	(If in Boltimore Ci	ty, give exact location)
OR CONTRIBUTING CAUSE OF	home, lorm, factory, street, of	fice bldg., INJURY OCCUR?		
	COST			
21D. TIME (Month) (Day) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While AI No! Whil			
17.17.10761	Work At Work		al	ulce
22. I certify that (1) (this hospital) ofter	nded the deceosed from	5723/66	19 to 7/2	1466 19
that (!) (we) last sow the deceased aliv	e on 9/24/60	19 and the	at in(my) (aur) oninio	deoth accurred on the dote
	1 1/07		21 m(m), (201, opimo)	. death decorred on the date
and hour and from the couses stated abo	ove. (I) (We) (did) (dld not) v	iew the body ofter deoth.		
23A. SIGNATURE			23	B. DATE SIGNED
VALLET MARRIE	M.D. Alte	ending Med. Director	Stalf Phus	9-24-66
23C. PHYSICIAN'S		23D. ADDRESS	11173.2	1 -1 -0 6
NAME (Type)		1571001	D	19 /
ALBERT FOLGU	ERAS M.D.	6/1 BKIS	BANE	Rd
A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. Le	OCATION (City	own, or county) (State)
REMOVAL (Specily)	n=1/1	100	a of	ad
SURIAL FERT 28,1966	MR CARME	( clem le	seles 1	
	AME OF REGISTRAR	259. FUNERAL DIRECTOR	7 2	ADDRESS
SEP 28 1956 (P.O.	of E. Starley Aid	Losuph Y.	Banners 36	Ca pl. Cx
4000		The state of the s		Jonking ST



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Man and the Control of States (Mild of American Inc.) in the 1 THE SOUTH THE SOUTH THE SECTION OF T M WHITE DIVORGED 12-05-21 -W N 000 Dimart Lomberdo Sultania THE PERSONAL PROPERTY AND SERVICES AND

Crosen havings

Bright Arrane Court of the State of the Stat

2/228 TO 1 WE . IT . STEMBERS PART PARTE LIKERALL

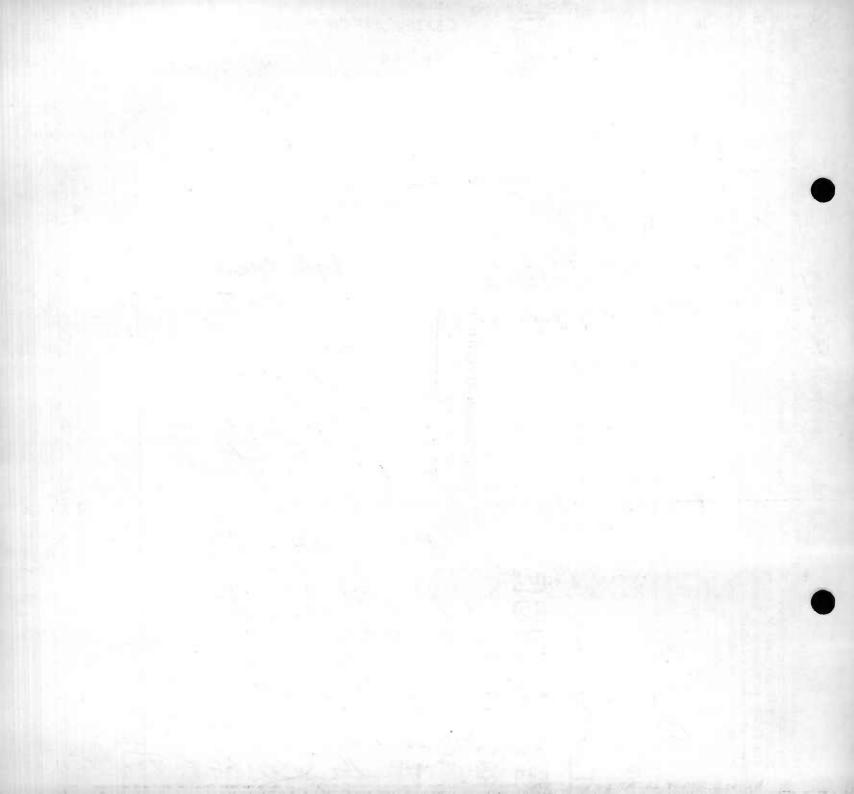
and hospital contributing death hospital approved

IMPORTANT

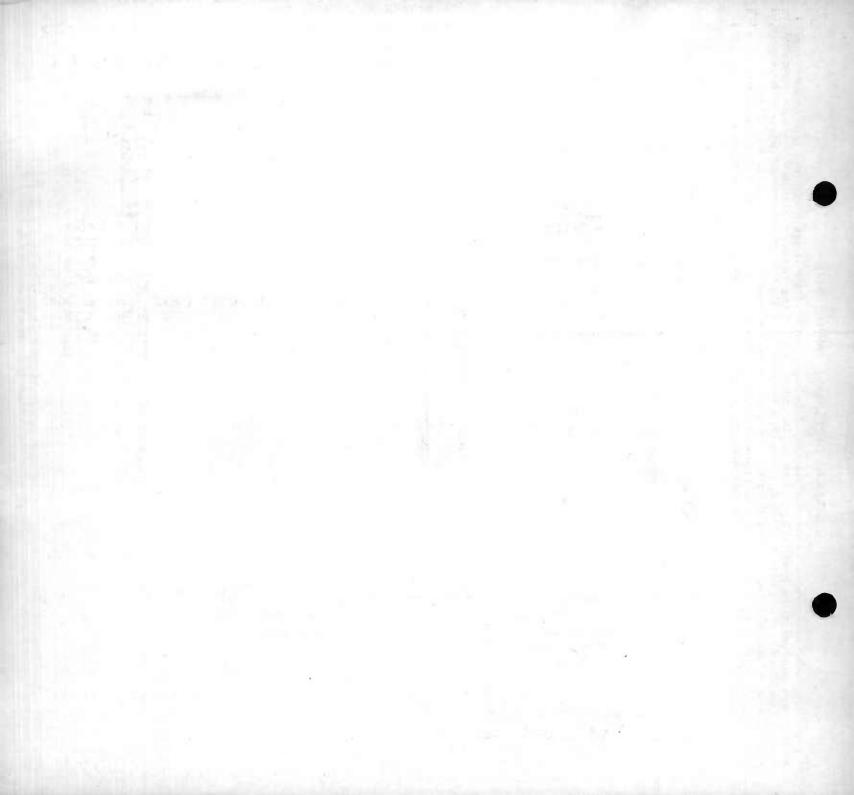
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 66 09782 66 09782 Registered Na. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE

B. COUNTY (U autside city limits, write RURAL and wive township) If Under 1 Yr. Manths: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? "City, give exact location) 19.6 and that In(my) (aur) Spinion death occurred an the date 23B. DATE SIGNED (City, town, or county) (Stote) VS 150-REV. 1/1/65



66 09783	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.  M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	66 09783
Type of Print)	27-14	ennie 23	NO HOUR OF DEATH	27/66 "
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh A. STATE 8. COU	ere deceased lived. Il institut	ion: residence before admission)
FULL NAME OF (If not in hospital or institution, gr	ive street	n.Q.	7. 7. 12.10.4	
HOSPITAL OR oddress or location)		C. CITY OR TOWN (IF o	utside city limits, write RU	end give township)
Sinai Hipital		D. STREET ADDRESS	rurol, give location)	707
		3000 -	AIRTAX	W
	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 2 - 22 - 86	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs onths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF
one during most of working life, even if retired)  NNTE-Retired Sing	ai Hospital	BAltin	or ru	WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Leopold Steinhart		Frances		
es, no or unknown) (If yes, give wor or dotes of service)	SECURITO NO.	17. INFORMANT		ADDRESS
NO	No me	Miss Hennie St	einhart (Self)	same address
18. 24 9 3 V-260 X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	JAN TO THE TO	1100/01-1-00	111	
(This does not mean the made of dying, e.g.,	3 2 VILE 10	in la provide	/ 3 ( 3	
heart laiture, asthenia, etc. It means the disease injury or camplication which caused death.)	- W/V =		erentation described the sale of	
ANTECEDENT CAUSES	Z 1			
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stating the	EA Z			• • • • • • • • • • • • • • • • • • •
11	E 4			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CER CER	thetes M	ellitu.	
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING 21B. I	PLACE OF INJURY le.g., i e, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimore Cit	y, give exact location)
A DE INCLES	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	47 3 49
(APPROX.) While	e Al Not Whit	e		
22. I certify that (I) (this hospital) attended the	e deceased from	7/26	19 66 10 9 27	19.66
that (1) (we) lost sow the deceased alive an	717			deoth occurred on the do
and haur and frain the couses stated above.	(We) (did) (did not)	•		
23A SIGNATURE			238	, DATE SIGNED
15,110	M.D. Att.	ending Med. S. Director	Stoff	
23C. PHYSICIAM'S MAME (Typie)	+ONEMO.	23D. ADDRESS	1) Ho	pital
4A. BURIAL CREMATION, 24B. DATE 24C.NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City, to	own, or county) (State)
Burial 9/29/1966 Lou	udon Park Cem	etery B	altimore, Mary	land
SA, DATE REC'D BY HEALTH DEPT. 258, NAME OF SEP 29 1966 (7) Page 1		25C. FUNERAL DIRECTO	-	the ph. ar
No tous	C. Marketina	Win. J. Them	the sons he	Vio 21 m. m



FUNERAL DIRECTOR: IMPORTANT

	00 0000	BALTIMORE CIT			66 09/04
BIRTH NO.	66 0978	CERTIFICA	TE OF DEATH	Registered Na.	
M.E. CASE NO.	TA SED			HOUR OF DEATH	
(Type or Print)	Elsiew	illiams / F	15:0)	9-26-66	7.25
3. PLACE OF DE	ATH IN BALTIMORE MA		4. USUAL RESIDENCE (Where		3:35
			A. STATE B. COUNT	TY	IO &
FULL NAME		or institution, give street	Maryland C. CITY OR TOWN (If outs	,	130166
HOSPITAL OR	oddress or locotio		C. CITY OR TOWN (If outs	side city limits, write RUI	RAL and give township)
0		t Hospital	Chase,		2500
57		ision Street	D. STREET ADDRESS (If n	urol, give locotion)	
41	Baltimor	e, Maryland	Route #14 H	Box 371	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthday)	If Under 1 Yr. If Under 24 Agnths: Days Haurs Mir
Eèmale	Negro	Married	12-12-13	53 yrs.	
IOA. USUAL OCC	UPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF
done during most of	working life, even if retired)		ma	10	WHAT COUNTRY?
Har	ise wife		14. MOTHER'S MAIDEN NAM	Mand	
13. FATHER'S NA	20		14. MOTHER'S MAIDEN NAW	1)	
(	arrall	U. Johnson	Laura	Ling	
5. Wos Deceaser	d Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
. so, no or onknow	yes, give wor or dote		Howard M. Will	iama	Come
18	1.	220-20 Jug	OF DEATH	TAMS	Same
1B.	11406		OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI		Cerebral Vascula	n Accident	2 hours
(This does	nal meon the mode of		Verebrar Vascura	T WOOTHOWO	
heart failure,	, osthenio, etc. It meons	the disease,			
	mplication which caused		Essential Hypert	ension	
	ANTECEDENT CAUSES	DUE TO			
	OR CONDITIONS, if				
	G CONDITION last.	storing the (C)			
	11				
OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING			
E I IO THE D	CONDITION CAUSING	TED TO THE Diabetes	s Mellitus		
-	F OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
19A. DATE OF	WAS PER	FORMED		IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING		in or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
	UTING CAUSE OF y medical exominer)	home, farm, foctory, street, etc.)	office bldg., INJURY OCCUR?		
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	215 112 11 2 12 11 11	100 0001100	
S OF INJURY	(Monin) (Doy) (Teon	While At Not Whi	21F. HOW DID INJU	JRY OCCUR!	
(APPROX.)		Work At Work			
22. I certify	that (1) (this haspita	) attended the deceased fram	September 26, 1	66 ta Sept	ember 26, 19 6
		d alive an September 20			on death accurred on the
1 (1) (340)				(m), (wor, opinic	Lavin deconied an ine
		red abave. (1) (We) (did) (did nat)	view the bady after death.		DATE SIGNED
1		1//	tending Med.	Stoff [7]	3B, DATE SIGNED
and have an	DRE MAIN O	KE. 1 Your A	renund   /VIOG.		9-26-66
1	elled L.		ys. Director	Phy s.	9-20-00
23A. SYGNAT	elbel he			Phys.	9-20-00
23A. SIGNATI	alled he	Physical Phy	23D. ADDRESS		to., Maryland
23A. SIGNATI	ANS Typel Gilber	t L. Banfield, M.D.	23D. ADDRESS 722 N. Fulton	Avenue Bal	lto., Maryland
23A. SIGNAT	Gilber	Physical Phy	23D. ADDRESS 722 N. Fulton	Avenue Bal	lto., Maryland
23A. SIGNATION NAME (**) 24A. BURIAL CRE REMOVAL	Gilber EMATION, 248. DATE (Specify) 9/29/	et L. Banfield, M.D.  24C MAME OF CEMETERY OF CE	23D. ADDRESS 722 N. Fulton  REMATORY  Welkales	Avenue Bal	to., Maryland
23A. SIGNATION NAME (**) 24A. BURIAL CRE REMOVAL	Gilber	t L. Banfield, M.D.  24C MAME OF CEMETERY OF CE  25B. NAME OF REGISTRAR	23D. ADDRESS 722 N. Fulton	Avenue Bal	to., Maryland

THE LETTER, STRONGS LINE

. with the family of

, June 1

Assestial Ryportenaton

September 20, bb september

Deptenper 20, 55

attendonce on the

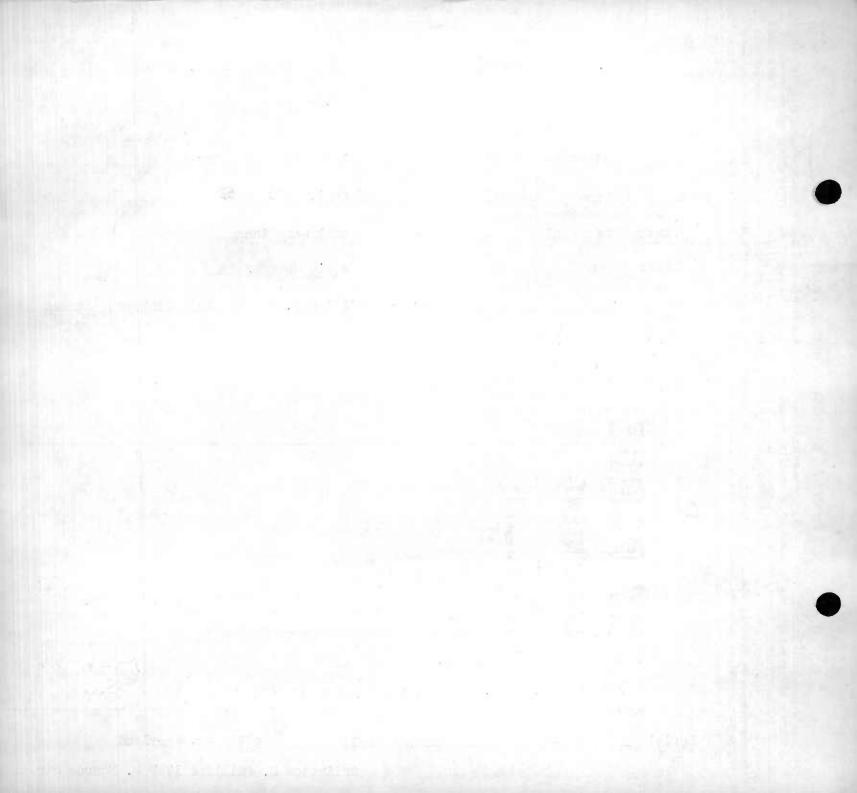
a hospitol and

Such

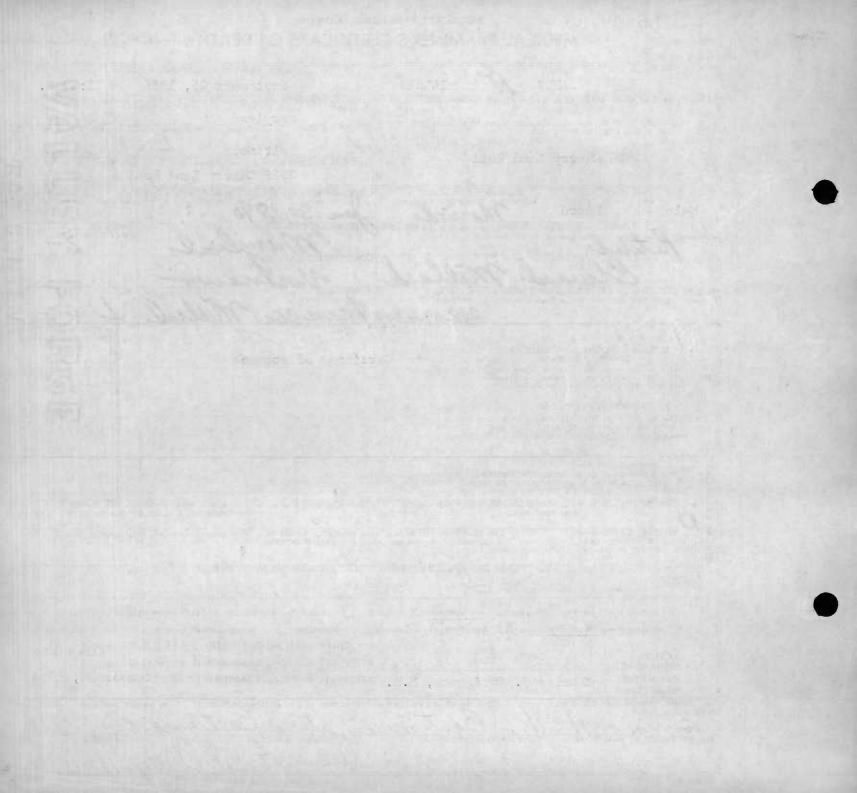
prior to death.

Type or Print)	va D. Crosby	(Oeva)	Septe	mber 23. 1	966   institution: residence belore odmis
PLACE OF DEAT	H IN BALTIMORE, MARYL	AND	A. STATE B. COUN	ere deceased lived. If	institution: residence belore admis
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or i address or location)	nstitution, give street	Maryland C. CITY OR TOWN (IF ou	itsido city limits, with	o RURAL and give township)
11	Lutheran Hosp	nitel	Baltimore D. STREET ADDRESS (IF	rurol, give location)	7 000
70	Baltimore, Ma		1631 Ashburt		
SEX Female	S. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH  June 1. 1913	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
OA. USUAL OCCU	PATION (Give kind of work 10)	B. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
	orking life, even if retired)		0		USA
House 3. FATHER'S NAM			South Carolin 14. MOTHER'S MAIDEN NA		USA
(D)					
Thomas 5. Was Deceased (es, no or unknown)	AWSON  Ever in U. S. Armed Forces (If yos, give war or dates o	? 16. SOCIAL SECURITY NO.	Carrie Johnso	n	ADDRESS
No		212-32-4526	William D. Cro	sby 1631	Ashburton Street
1B. H2	0. / 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE	OR CONDITION DIREC	TLY	~		
			1 - 1		
(This does no hearf failure, a injury ar comp	EADING TO DEATH If mean the made of dy isthenia, efc. It means the ilication which caused de	ving, e.g., DUE TO pe disease, eath.)	1311 Dec)	Molly	Sudden
(This does not heart failure, a injury or comp  A DISEASES Of rise to the	EADING TO DEATH It mean the made of dy Isthenia, efc. It means the	ving, e.g., e disease, eath.)  (B) DUE TO	1311 Dee)		
(This does no heart failure, a injury or comp  A DISEASES Of tise to the UNDERLYING  OTHER SIGNIFO TO THE DE	EADING TO DEATH It mean the made of dy isthenia, efc. It means thi slication which caused de NTECEDENT CAUSES R CONDITIONS, if any above cause (A) sfe	ving, e.g., e disease, oath.)  (B)  DUE TO  DUE TO  Outer TO  VIRISUTING			
(This does no hearf failure, or injury or comp  A DISEASES Of rise to the UNDERLYING  OTHER SIGNIFF TO THE DE DISEASE OR CO. 19-A. DATE OF	LEADING TO DEATH If mean the made of dy Isthenia, efc. It means the Idication which caused de NTECEDENT CAUSES R CONDITIONS, if any above cause (A) si CONDITION last.  ILLIANT CONDITIONS CON ATH BUT NOT RELATE CONDITION CAUSING IT. OPERATION 198. CONDITION WAS PERFOR	ving, e.g., e disease, eath.)  (B) DUE TO  OUE		ol 20B. IF YES, WER	
(This does no heart failure, a injury or comp  A DISEASES Of rise to the UNDERLYING  OTHER SIGNIFITO THE DE DISEASE OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION TO THE DE DISEASE OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION TO THE DE DISEASE OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION TO THE DE DISEASE OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION TO THE DISEASE OR CONTRIBUTION OR CONTRIBUTION TO THE DISEASE OR CONTRIBUTION OR CONTRIBUTION TO THE DISEASE OR CONTRIBUTION TO THE DI	LEADING TO DEATH It mean the made of dy isthenia, efc. It means the ilication which caused de NTECEDENT CAUSES R CONDITIONS, if any abave cause (A) se CONDITION last.  ILICANT CONDITIONS CON ATH BUT NOT RELATE CONDITION CAUSING IT. OPERATION 198. CONDITION OPERATION 198. CONDITION	ving, e.g., e disease, eath.)  (B) DUE TO  V, giving aling the (C)  NTRIBUTING D TO THE  TION FOR WHICH OPERATION EMED		ol 20B. IF YES, WER	RE FINDINGS CONSIDERED
(This does not heart failure, or injury or comp  A DISEASES Of rise to the UNDERLYING  OTHER SIGNIFT TO THE DE DISEASE OR CO 19 A. DATE OF CONTRIBUT DEATH (notily in DEATH (not	LEADING TO DEATH If mean the made of dy isthenia, efc. It means the ilication which caused de NTECEDENT CAUSES R CONDITIONS, if any abave cause (A) se CONDITION last.  ILICANT CONDITIONS CON ATH BUT NOT RELATE CONDITION CAUSING IT. OPERATION 19B. CONDITION TWAS PERFOR T WAS UNDERLYING IT. ING CAUSE OF	ing, e.g., e disease, rath.)  (B) DUE TO  DUE TO  OUE	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	OI 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
(This does no heart failure, a injury or comp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFT TO THE DE DISEASE OR CO 19 A. DATE OF OR CONTRIBUT DEATH (notily of 19 Injury (APPROX.)  22. 1 certify that (I) (we) 1	LEADING TO DEATH If mean the made of dy Isthenia, efc. It means the Idication which caused de NTECEDENT CAUSES R CONDITIONS, if any above cause (A) sir CONDITION last.  I CANT CONDITIONS CON ATH BUT NOT RELATE CONDITION CAUSING IT. OPERATION 198. CONDITION T WAS UNDERLYING TOWAS PERFORE T WAS UNDERLYING TOWAS PERFORE T WAS UNDERLYING TOWAS PERFORE ING CAUSE OF modical examiner) (Month) (Doy) (Yoor) ( That (I) (this hospital) and last saw the deceased of	wing, e.g., e disease, each,)  (B) DUE TO  (B) DUE TO  (C)  NTRIBUTING D TO THE  TION FOR WHICH OPERATION  RMED  21B. PLACE OF INJURY (e.g., homo, form, foctory, street, etc.)  Hour)  21E. INJURY OCCURRED  While At  Not Wh Work  Not Who	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING CO.  (If in Boltim	RE FINDINGS CONSIDERED CAUSES OF DEATH?
(This does no hearf failure, or injury or comp  A DISEASES OF rise for the UNDERLYING  OTHER SIGNIFF TO THE DE DISEASE OR CO. 19A. DATE OF CO. 19A. DATE OF SIGNIF TO THE DE DISEASE OR CO. 19A. DATE OF SIGNIF OF INJURY (APPROX.)  21 A. ACCIDENT OR CONTRIBUTION OF INJURY (APPROX.)  22. 1 certify that (I) (we) 1 and haur and	LEADING TO DEATH It mean the made of dy Isthenia, efc. It means the Idication which caused de NTECEDENT CAUSES R CONDITIONS, if any above cause (A) sir CONDITION last.  ILLIANT CONDITIONS CON ATH BUT NOT RELATE CONDITION 198. CONDITION TOPERATION 199. (Your) ( That (I) (this hospital) a last saw the deceased of fram the causes stated	ving, e.g., e disease, eath.)  (B) DUE TO  DUE TO  OUE	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING CO.  (If in Boltim	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exect locotion)  19 happing an death occurred an the
(This does no heart failure, a injury or comp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFT TO THE DE DISEASE OR CO 19 A. DATE OF OR CONTRIBUT DEATH (notily of 19 Injury (APPROX.)  22. 1 certify that (I) (we) 1	LEADING TO DEATH It mean the made of dy Isthenia, efc. It means the Idication which caused de NTECEDENT CAUSES R CONDITIONS, if any above cause (A) sir CONDITION last.  ILLIANT CONDITIONS CON ATH BUT NOT RELATE CONDITION 198. CONDITION TOPERATION 199. (Your) ( That (I) (this hospital) a last saw the deceased of fram the causes stated	DUE TO  A disease, path.)  (B)  DUE TO  DUE TO  (B)  DUE TO  (C)  NTRIBUTING  D TO THE  TON FOR WHICH OPERATION  RMED  21B. PLACE OF INJURY (e.g., homo, form, foctory, street, etc.)  While At  Not Who work  Not While At  Not Who work  Not work  Not work  At work	20A. AUTOPSY? (Yes or Notin of obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID IN.  21 F. HOW DID IN.  21 f. How did the bady after death.  thonding Med. Dirochor	O) 20B. IF YES, WER IN CERTIFYING CO.  (If in Boltim	RE FINDINGS CONSIDERED CAUSES OF DEATH?
(This does no hearf failure, or injury or comp  A DISEASES OF rise for the UNDERLYING  OTHER SIGNIFF TO THE DE DISEASE OR CO. 19A. DATE OF CO. 19A. DATE OF SIGNIF TO THE DE DISEASE OR CO. 19A. DATE OF SIGNIF OF INJURY (APPROX.)  21 A. ACCIDENT OR CONTRIBUTION OF INJURY (APPROX.)  22. 1 certify that (I) (we) 1 and haur and	LEADING TO DEATH It mean the made of dy Isthenia, efc. It means the Isthenia, efc. It	DUE TO  A disease, edit.)  (B)  DUE TO  DUE TO  (B)  DUE TO  (C)  OTRIBUTING  D TO THE  MION FOR WHICH OPERATION  RMED  218. PLACE OF INJURY (e.g., homo, form, foctory, street, etc.,)  While At  Not Who work  Ittended the deceased fram alive an September 1 was alive an September 2 while At work  above. (1) (Wa) (did) (did nat)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID IN.	OI 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exect locotion)  19 happing an death occurred an the

Arlington S. Phillips 1727 N. Monroe Street V\$ 150-REV. 1/1/65



1	66 09786 BALTIMORE CITY HEALTH DEPARTMENT 66 D9786			
141-463	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 09786			
	1. NAME OF DECEASED  2. DATE AND HOUR PRONOUNCED DEAD			
	JAMES MILLARD September 25, 1966 11:30 P. M.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)			
	A. STATE B. COUNTY			
	FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET   C. CITY OR TOWN (If autside carparate limits, wide RURAL and aide lawnship)   C. CITY OR TOWN (If autside carparate limits, wide RURAL and aide lawnship)			
,	2926 Cherry Land Road  Baltimore  D. STREET ADDRESS (If rural, give location)			
0	2926 Cherry Land Road			
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Doys, Haurs, Min.			
	Male Negro Mariel Jan 30/8 40 76  10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY () BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF			
	done during man of working life oven if relired)  12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME () 14. MOTHER'S MAIDEN NAME			
	Edward Millard Untrown			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, na or unknown, (If yes, give wor or dotes of service)  16. SO CIAL  SECURITY NO.			
	218-09.4349 Frances Millary, Same			
	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma of stomach			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)			
	ANTECENDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  RISE TO THE ABOVE CAUSE (A) STATING THE			
	UNDERLYING CONDITION LAST,			
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUILT NOT BELATED TO THE			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
	NO IN CERTIFYING CAUSES OF DEATH?    VAS PERFORMED   NO   IN CERTIFYING CAUSES OF DEATH?   VAS PERFORMED   NO   IN CERTIFYING CAUSES OF DEATH.   VAS PERFORM			
	UNDERLYING OR CONTRIB- INJURY OCCUR?			
	21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?			
	OF INJURY (APPROX.)  WHILE AT NOT WHILE WORK  The work NOT WHILE WORK			
	22.   Certify that I held an Inquiry   Inspection   X Autopsy   Ond that an this basis, death In my opinion			
	resulted from: Natural couses X Accident Suicide Homicide Undetermined manner			
	ACTUAL Charles Chief MEDICAL EXAMINER DATE SIGNED			
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X			
	EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER September 26, 1966			
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)			
	24A, DATE REC'D BY HEALTH BEPT. 124B, NAME OF REGISTRAR 124C, FUNERAL DIRECTOR A ADDRESS			
	11.11- 11.11.11.11.11.11.11.11.11.11.11.11.11.			
	VS 151-REV. 1/1/65			



VS 151-REV. 1/1/65

DACTIMORE CITT	TEACHT DE AKTMENT	00 110
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered No. 66 U978

BIRTH NO. MEDICAL EXAMINER 3 CI	EKTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JIM D. GORDON	September 23, 1966 6:50 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 7 19
Mercy Hospital DOA	D. STREET ADDRESS (If rurol, give location)
	732 E. Preston Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.
Male Negro Mener) murried	may 8, 1937 29
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY	Y 11. BICHPLACE (State or fareign country) 12. CITIZEN OF
done during most of working life, even if relired) Construction	Bracon 710 WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
20,00:0 L. Mallon 7	many land Ba H
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	229 6. Mester II
yes oct3, 1950 to Septay, 1953	M. Kostol Dennett Bultimore, net.
TIB. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	physic by coulon managed a limit
	phyxia by carbon monoxide, during
(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	ute ethylism
ANTECENDENT CAUSES  (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING NISE TO THE ABOVE CAUSE (AI STATING THE	
UNDERLYING CONDITION LAST.	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	minaniamati hambiitaan
TO THE DEATH BUT NOT RELATED TO THE ATTEL	riosclerotic heart disease
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	Yes Yes
ZIA. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB-	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.  home	
ZID TIME (Month) (Doyl (Teor) (Hour)   ZIE. INJURI OCCURRED	3rd Floor Rear 732 E. Preston Street
OF INJURY	WHILE EVI Trime in out to the many
(APPROX.1 9-23-66 6:15 A m. WHILE AT NOT W	WHILE K Fire in subjects room
	topsy X ond that on this bosis, death in my opinion
resulted from: Notural couses Accident X Suicide	e Homicide Undetermined monner
01 1 0	CHIEF MEDICAL EXAMINER
ACTUAL Gentles J.	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.D.  EXAMINER'S Charles S Springsto M.D.	ASSOCIATE MEDICAL EXAMINER September 23, 1966
EXAMINER'S Charles S. Springate, M.D.	September 23, 1900
23A. BURIAL CREMATION, 23B DATE 23C. NAME & CEMETERY .	
REMOVAL (Specify). Both 20 10/1 Ronake give	tel Braces : 16
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
SEP 20 1000 A A A A T. A	El 70 1 12-14 8. north ave

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

The state of the s

Charles A. Kitzman 36 dept 1960 10 FA Bother City Hospitch and the same Object 5 Hypoter Curdine Ament On hote rellished, by when of 10 Hear on C. Jac +d-8 or D. ARoing ~ ac Supplied

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

258. NAME OF REGISTRAR

1966

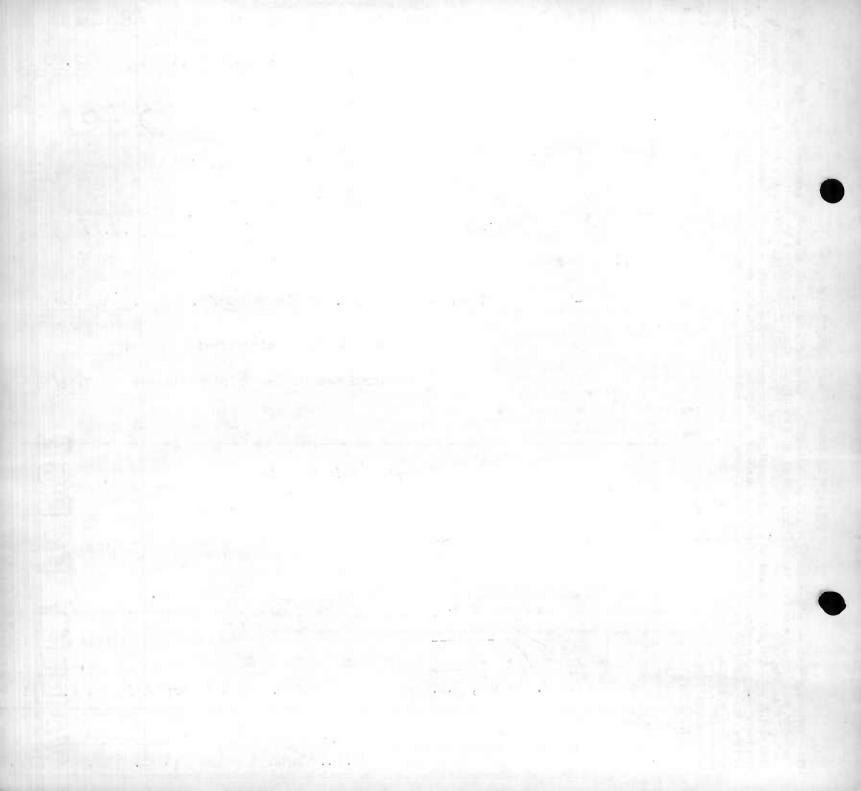
	00 00700		BALTIMORE CITY	HEALTH DEPARTM		6	6 09790
BIRTH NO.	66 09790		CERTIFICA	TE OF DEA	TH Regi	stered No. O	0 03730
N.E. CASE NO.	EASED			2. D	ATE AND HOUR	OF DEATH	
Type or Print)	TRAPILY	ETHI	EL MAY		Sept.	27. 196	6 1
PLACE OF DEA	TH IN BALTIMORE MA	RYLAND	= C IUM)	4. USUAL RESIDENC		/ , -/-	on: residence belore admissi
TEACE OF DEA					COUNTY		
FULL NAME O			n, give street	MARY	LAND		
HOSPITAL OR	oddress or locotio			C. CITY OR TOWN	(If outside city	limits, write RURA	L ond give township)
1143111011014				THNE	Y TOWN	/	66-00
1 IVAN	VIIN SO	11107	MACHITAL	D. STREET ADDRESS	(If rurol, give		
1/17/	NHIN NOV	VANCE	HOSPITAL	31 VA	DK ST	PARRI	111 00.
• SEX	6. RACE	7 AA ARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	D Manes 16	Under 1 Yr. If Under 24 H
F	14/	WIDOW	/ED, DIVORCED (specify)	1/0 / 80	last birthd	oy) Mo	nths Doys Hours Min
	00	MA	RRIED	0/3/19	7	7	
		108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (STATE	e or foreign country	12.	CITIZEN OF WHAT COUNTRY?
one during most of v	vorking life, even if retired)	0	n Home	DEMINEY	MANIA		// C 4
3. FATHER'S NAM	VITE	OWI	II HOME	14. MOTHER'S MAID	LVANIA		U.S.A.
SAM	UEL JON	ES		MARGA	ARET	DAU15	
5. Wos Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	1101		ADDRESS
Yes, no or unknown	(II yes, give wor or do)	es of service	SECURITY NO.			31 York S	
No			X20283136	Thomas H.	Tracey	Taneytown	n, Maryland
1B. // ()	6 / 1		CAUSE O	F DEATH			INTERVAL BETWEEN
1 and	11/						ONSET AND DEATH
	E OR CONDITION DI LEADING TO DEATH	RECTLY		1 12-1	. / /	1 -	
			(A)	Mexiosce	1017 C 17	carl	many year
	al mean the made of asthenia, etc. It means		g., DUE TO	nteriosele. Disease			0/-/ 01
	plication which caused			,			9/23 - 9/:
4	ANTECEDENT CAUSES		(8)	ngestive	HERVI	tailun	e A days
	R CONDITIONS, if			sute Lua	andia.	O Tater	1. 9
	abave cause (A)	sidiling in	(C)	as a my a	Course of	- HINC	2.6
Z OTHER SHOW	II	CANTRICLIT	INC				
	FICANT CONDITIONS ( EATH BUT NOT REL					State of the	
	CONDITION CAUSING			100			
19A. DATE OF		IDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Ye		YES, WERE FIND	INGS CONSIDERED OF DEATH?
U 21 A. ACCIDEN	T WAS UNDERLYING	2	B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE	DID (	If in Boltimore City	, give exact location)
OR CONTRIBU	medical examiner	h	iome, form, factory, street, o	the bidg., INJURY OC	CU R?		
U	medicor examiner						
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 2	1E INJURY OCCURRED	21 F. HOW 1	DID INJURY OCC	CUR?	
(APPROX)		\	While At Not Whi				
17.1.1.074		'	Work At Work		11		
22. I certify	that (1) (this hospita	l) ottended	the deceased from	1-29	19 66	10 9-	27 19 61
that (1) (we)	lost sow the deceas	ed olive or	9-27	19 66	and that in (my	() (our) opinion	deoth occurred on the
						, (001, 001111011	decili decolled on the
ond hour one	from the couses sto	ted obove.	(I) (We) (did) (did not) .	lew the body ofter	deoth.		
23A. SIGNATU	RE					238	DATE SIGNED
	2 1-1	1	M.D. Att	ending Med.	Stoff 7		Sout on
DOC BUINDES	1111	10	Phy		Phys.		egs cal
23C. PHYSICIA NAME (T	M 2			23 D. ADDRESS			/ , , , , ,
/	0411116	111.	Z7 M.D.	+KAN/	KIIN	DUAR?	2 HOSPITAC
24A. BURIAL CRE	MATION 248 DATE	1 245	NAME OF CEMETERY OF CR	EMATORY	24D. LOCATION	(City, to	wn, or county (State
REMOVAL (S	Specify)	240.	THE OF GENTLEMENT OF GR	WITCH WAT	L-S. LOCATION	(0119, 10	131011
Burial	9/30/6	6 G	race Reformed (	emeterv	Taneyt	own.	Maryland
SA. DATE REC'D	RY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERAL D	RECTOR	7	ADDRESS

25C. FUNERAL DIRECTOR

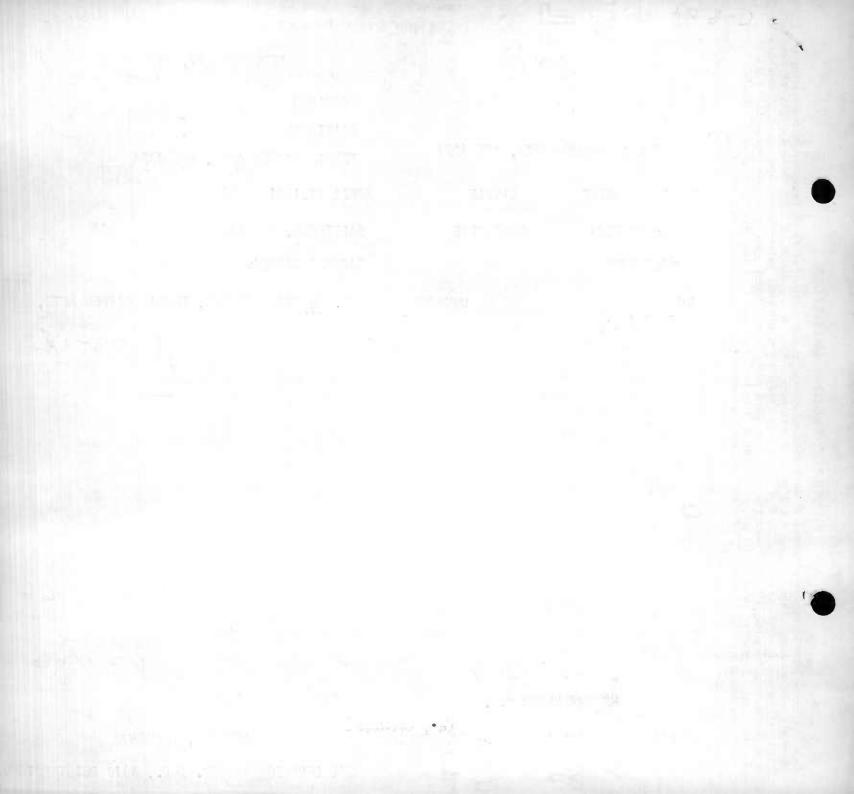
TANEYTOWN



NAME OF DECEASED		2 DATE AND	D HOUR OF DEATH	
ype or Print) ALLE	MESTAFE			
PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where	e deceased lived. If i	966   2.00
FULL NAME OF HOSPITAL OR address ar lacotion)	itution, give street	Maryland c. CITY OR TOWN (If ours Baltimore	side city limits, write	RURAL and give jownship)
232 S. Chester St	reet	D. STREET ADDRESS (If re 232 S. Chest	urol, give location)	+
SEX   6. RACE   7. M.	ARRIED, NEVER MARRIED		AGE (In years	
14 -	DOWED, DIVORCED (specify)  Married  END OF BUSINESS OR INDUSTRY	3/25/1892	ost birthdoy) 74	If Under 1 Yr. If Under 24 Months Days Hours M
one during most of working life, even if retired) House Painter S	elf-employed	Turkey		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
?? Mestafe		Unknown		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, na or unkna wn) (II yes, give war ar dates of s	212-16-4976	Mrs Nannia Ma	ostofo 22	2 Charton
118.		F DEATH	55 var e, 23	2 S. Chester S
18110		. Jean		ONSET AND DEAT
LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			?
(This does not mean the mode of dying	, e.g., DUE TO	letastatic Carcin		
heart failure asthenia etc. It means the				
heart failure, asthenia, etc. It means the d injury or complication which caused death		anninome of the	Hariman D7	2 /2 2 /6
	) C	arcinoma of the	Urinary Bla	adder 7/31/6
injury or complication which caused death  ANTECEDENT CAUSES	(B)	arcinoma of the	Urinary Bla	adder 7/31/6
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, rise to the above couse (A) stating	(B) DUE TO		997a a 9 494-6a aa wadda aa aa aa aa aa aa	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any,	(B) DUE TO	arcinoma of the	997a a 9 494-6a aa wadda aa aa aa aa aa aa	
Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the above cause (A) statin UNDERLYING CONDITION last.	giving gg lhe (C)			
DISEASES OR CONDITIONS, il any, rise lo lhe above couse (A) slalin UNDERLYING CONDITIONS CONTROL OTHER SIGNIFICANT CONDITIONS CONTROL OTHER SIGNIFICANT CONDITION CAUSING IT.	giving gg lhe  GB  DUE TO  GB  CO  CO  CO  CO  CO  CO  CO  CO  CO  C			
Injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, tise to the above cause (A) station underlying Condition last.  II  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  179A.DATE OF OPERATION 1998. CONDITION	giving gg lhe  GB  DUE TO  GB  CO  CO  CO  CO  CO  CO  CO  CO  CO  C	thritis of Spine    20A.AUTOPSY? (Yes or No)     No     n or obout   21C. WHERE DID	208. IF YES, WERE	?
Injury or complication which caused deeth  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) station UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	giving gg lhe  GB  DUE TO  GB  DUE TO  GB  CO  GB  DUE TO  GB  DUE TO  GB  CO  GB  DUE TO	thritis of Spine    20A.AUTOPSY? (Yes or No)     No     n or obout   21C. WHERE DID	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
Injury or complication which caused deeth  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) station UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED WAS PERFORMED CAUSE OF DEATH (natify medical examiner)	giving  giving  g lhe  (C)  IBUTING  TO THE  OSTEO-AT  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., oter.)  or)  21E. INJURY OCCURRED  While At Not Whi	thritis of Spine  20A. AUTOPSY? (Yes ar No) NO n ar obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	? FINDINGS CONSIDERED AUSES OF DEATH?
Injury or complication which caused deeth  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) station UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) (Hateleff Cause OF INJURY (APPROX.)	giving gg lhe  GC  BUTING TO THE  OSTEO-AT  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., independent of the color)  21B. PLACE OF INJURY (e.g., independent of the color)  21B. PLACE OF INJURY (e.g., independent of the color)  21B. PLACE OF INJURY (e.g., independent of the color)  21B. PLACE OF INJURY (e.g., independent of the color)  21B. PLACE OF INJURY (e.g., independent of the color)  21B. PLACE OF INJURY (e.g., independent of the color)  21B. PLACE OF INJURY (e.g., independent of the color)  21B. PLACE OF INJURY (e.g., independent of the color)  And Independent of the color	thritis of Spine  20A. AUTOPSY? (Yes or No) NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  TE City, give exact lacotion)
Injury or complication which caused deeth  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) station UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (natify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (natify medical examiner)  OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attentions the contribution of	giving gg lhe  (C)  IBUTING TO THE  Osteo-Ar  N FOR WHICH OPERATION ED  21B. PLACE OF INJURY (e.g., home, farm, foctory, street, oetc.)  21E. INJURY OCCURRED  While At Not Whith At Work  work  Not Work  Onded the deceased from	thritis of Spine    20 A. AUTOPSY? (Yes or No)     No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact lacotion)
Injuty or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) station underlying CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMI OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) (Hat OF INJURY (APPROX.)	giving  giving  g Ihe  (C)  IBUTING  TO THE  OSTEO-AT  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, farm, foctory, street, oetc.)  21E. INJURY OCCURRED  While At Not Whith At Work  work  work  work  work  work  Not Whith At Work  work  work  work  work  work  Not Whith At Work  work  work  work  Not Whith At Work  work  work  work  Septe 27	thritis of Spine    20A. AUTOPSY? (Yes or No)   No     n or obout   21C. WHERE DID     ffice bidg   NJURY OCCUR?     21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact lacotion)
Injuty or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) station underlying CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMING CAUSE OF DEATH (natify medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)  21D. TIME (Month) (Day) (Year) (Hat OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attention that (I) (we) lost saw the deceased all and haur and from the causes stated as	giving  giving  g Ihe  (C)  IBUTING  TO THE  OSTEO-AT  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, farm, foctory, street, oetc.)  21E. INJURY OCCURRED  While At Not Whith At Work  work  work  work  work  work  Not Whith At Work  work  work  work  work  work  Not Whith At Work  work  work  work  Not Whith At Work  work  work  work  Septe 27	thritis of Spine    20A. AUTOPSY? (Yes or No)   No     n or obout   21C. WHERE DID     ffice bidg   NJURY OCCUR?     21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact lacotion)  The City of the exact lacotion of the exac
Injuty or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) station underlying CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMI OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) (Hat OF INJURY (APPROX.)	giving gg lhe  (C)  IBUTING TO THE  OSTEO-AT  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, farm, foctory, street, oetc.)  21E. INJURY OCCURRED  While At Not Whith At Work  Indeed the deceased from Septe 27  Sove. (1) (We) (did) (did not)	thritis of Spine  20A. AUTOPSY? (Yes ar No) No n ar obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU 19 66 ond the view the body ofter deoth.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact lacotion)  Otal 27 19 6  Union death accurred an the
Injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) station underlying CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMI OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) (Hatches) (APPROX.)  22. I certify that (I) (this hospital) attention that (I) (we) lost saw the deceased all and haur and from the causes stated as	giving gg lhe  (C)  IBUTING TO THE  OSTEO-AT  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, farm, foctory, street, oetc.)  21E. INJURY OCCURRED  While At Not Whith At Work  Indeed the deceased from Septe 27  Sove. (1) (We) (did) (did not)	thritis of Spine    20 A. AUTOPSY? (Yes ar No)     No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact lacotion)  The City of the exact lacotion of the exac
Injury or complication which caused deeth  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, tise to the above cause (A) station underlying CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRICT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) (Hat (APPROX.))  22. I certify that (I) (this hospital) attention that (I) (we) lost saw the deceased olimand haur and from the causes stated of 23A. SIGNATURE	giving gg lhe  (C)  IBUTING TO THE  OSTEO-AT  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, farm, foctory, street, oetc.)  21E. INJURY OCCURRED  While At Not Whith At Work  Indeed the deceased from Septe 27  Sove. (1) (We) (did) (did not)	thritis of Spine  20A. AUTOPSY? (Yes or No)  No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  19 66 ond the view the body ofter deoth.  ending	208. IF YES, WERE IN CERTFYING C/  (If in Boltimo  URY OCCUR?  965 to Set in (my) (our) ap	PINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact lacotion)  Ot. 27 19 6  Union death accurred an the Sept. 28,1966
Injury or complication which caused deeth  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) station UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRITOR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (natify medical examine)  21A. ACCIDENT WAS UNDERLYING DEATH (natify medical examine)  21D. TIME (Month) (Day) (Year) (Hat OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attemption of the course stated of the cour	giving gg lhe  GB DUE TO  GB DUE	thritis of Spine  20A. AUTOPSY? (Yes or No) No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU 19 66 ond the view the body ofter deoth.  ending X Med. pirector 1  23D. ADDRESS 209 S. C]	208. IF YES, WERE IN CERTIFYING CARRIED COLOR?  (If in Boltimo  URY OCCUR?  965 to Separatin(my) (our) apostin(my) (our) apostin(my).	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact lacotion)  Otal 27 19 6  Union death accurred an the
Injury or complication which caused deeth  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, tise to the above cause (A) station underlying CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONDITION WAS PERFORMED CONTRIBUTIONS CONDITION WAS PERFORMED CONTRIBUTIONS (CAUSE OF DEATH (natify medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTIONS (CAUSE OF INJURY (APPROX.))  22. I certify that (I) (this hospital) attention (I) (we) lost saw the deceased of and haur and from the causes stated of 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) TOPEPH F. D.  4A. BURIAL CREMATION, 24B. DATE	giving gg lhe  GC  IBUTING TO THE  Osteo-Ar  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., bome, farm, foctory, street, oetc.)  21E INJURY OCCURRED  While At Not White At Work  Indeed the deceased from Septe 27  Sove. (1) (We) (dld) (did not)  And Att Phy  render, M.D.  Att.	thritis of Spine  20 A. AUTOPSY? (Yes ar No)  No n ar obout 21 C. WHERE DID ffice bidg INJURY OCCUR?  21 F. HOW DID INJU  22 F. HOW DID INJU  23 D. ADDRESS  20 9 S. C]  EMATORY  24 D. LC	208. IF YES, WERE IN CERTFYING CATION XC	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact lacohon)  Ot. 27 19 6  Inian death accurred an the  23B. DATE SIGNED  Sept. 28,1966  (Baltimore, Md. 212  XIX. K.W. Xor county) (Ste
Injury or complication which caused deeth  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) station UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRITOR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (natify medical examine)  21A. ACCIDENT WAS UNDERLYING DEATH (natify medical examine)  21D. TIME (Month) (Day) (Year) (Hat OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attemption of the course stated of the cour	giving gg lhe  GC  IBUTING TO THE  OSTEO-AT  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., bome, farm, foctory, street, oetc.)  21E. INJURY OCCURRED  While At Not White At Work  Indeed the deceased from Septe 27  Sove. (1) (We) (did) (did not)  Att  Phy  Tender, M.D.  Att	thritis of Spine  20 A. AUTOPSY? (Yes ar No)  No n ar obout 21 C. WHERE DID ffice bidg INJURY OCCUR?  21 F. HOW DID INJU  22 F. HOW DID INJU  23 D. ADDRESS  20 9 S. C]  EMATORY  24 D. LC	208. IF YES, WERE IN CERTIFYING CARRIED COLOR?  (If in Boltimo  URY OCCUR?  965 to Separatin(my) (our) apostin(my) (our) apostin(my).	Pindings Considered Auses of Death?  The City, give exact lacotion)  Ot. 27 19 6  Inian death accurred an the 23B DATE SIGNED Sept. 28,1966  Baltimore, Md. 212



All a courteful reservations and a courteful faith

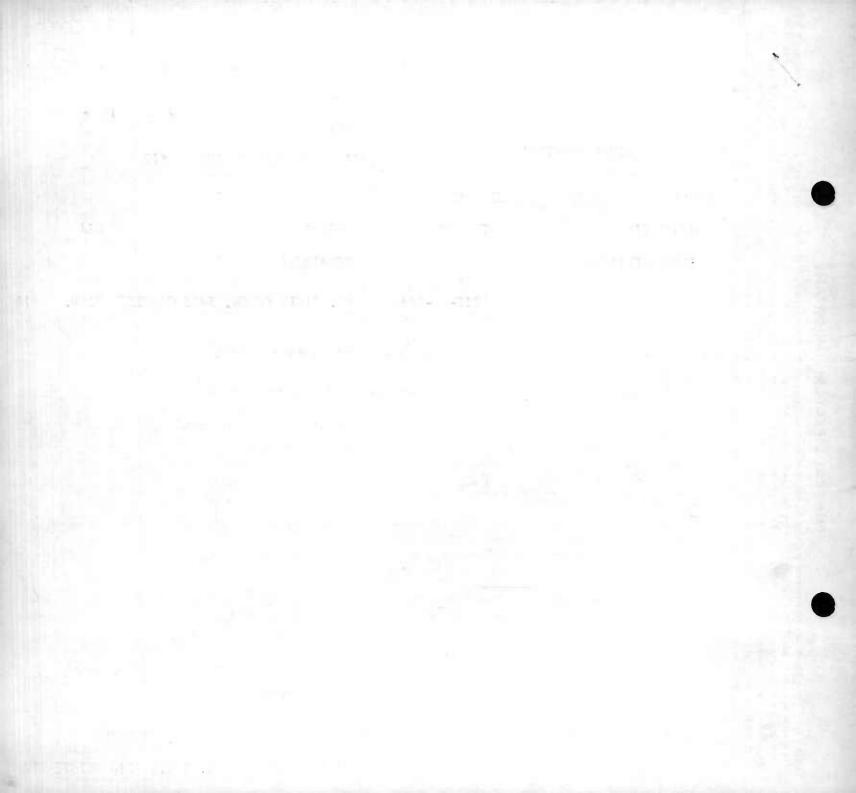


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/65



ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

#1

9/28/66

(City, town, or county)

BALTIMORE, MARYLAND
ADDRESS

SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN

BIRTH NO. ME	DICAL EXAMINER'S C	CERTIFICATE OF DEATH	No. 2 U3/30
M.E. CASE NO.			
1. NAME OF DECEASED	CITA CENT	2. DATE AND HOUR PRONOUNCED I	
JOSEPH	CHASEN	September 27, 1966	10:35 P <sub>M</sub> .
PLACE IN BALTIMORE MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY	nt residence before odmission)
FULL NAME OF (IF NOT IN HOS	PITAL OR INSTITUTION, GIVE STREET	Maryland	
HOSPITAL OR ADDRESS OR LO	DCATIONI	C. CITY OR TOWN (If outside corporate limits, write RU	KAL and give township)
7 /	4 4 77 1. 1	Baltimore	21-16
Union Memor	ial Hospital	D. STREET ADDRESS (II rurol, give locotion)	AVE
		MRENWENHAMMANAMMEN	3422 ST. AMBROS
6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If last birthdoy)  M	Under 1 Yr. II Under 24 Hrs. onths, Doys, Hours, Min.
Male White	WIDOWED, DIVORCED(specify)		onnis Doys   Hours   Mill.
	MARKIEU  WORK TOB. KIND OF BUSINESS OR INDUSTR		CITIZEN OF
one during most of working life, even if retire	od)		WHAT COUNTRY?
CHAUFFEUR 3. FATHER'S NAME	TAXI CAB	BALTIMORE, MARY LAND	USA
S. PATHER S NAME		14. MOTHER'S MAIDEN NAME	
ABRAHAM CHASEN		ETHEL ?	
5. WAS DECEASED EVER IN U.S. ARA (es, no or unknown), (II yes, give wor or		17. INFORMANT	DRESS
NO	UNKNOWN	MRS. MARY CHASEN, 3422 ST.	AMBROSE AVENUE
TDISEASE OR CONDITION LEADING TO DEA  (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which cous  ANTECENDENT CAI DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	of dying, e.g., tons the disease, ed death.]  USES  F ANY, GIVING  STATING THE  Arte: (A) (B) (B) DUE TO	riosclerotic and Hypertensive Cardiovascular Disease	
2			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO THE		
19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN	
WAS	PERFORMED	Yes ,	Yes
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21C, WHERE DID (II in Boltimare City, give e	xact location)
21D TIME (Month) (Doy) ( OF INJURY (APPROX.)	Yeor) (Hour) 21E. INJURY OCCURRED WHILE AT NOT M. WORK AT AT N	21 F. HOW DID INJURY OCCUR?	
22. I certify that I held on	Inquiry Inspection A	and that an this basis, death in my a	pinlon
resulted fram: Natural			
ACTUAL PM	0.	CHIEF MEDICAL EXAMINER	DATE SIGNED

23C. NAME OF CEMETERY OF CREMATORY

HAR ZION TIFERETH ISRAEL

248. NAME OF REGISTRAR

240. FUNERAL DIRECTOR

BURIAL

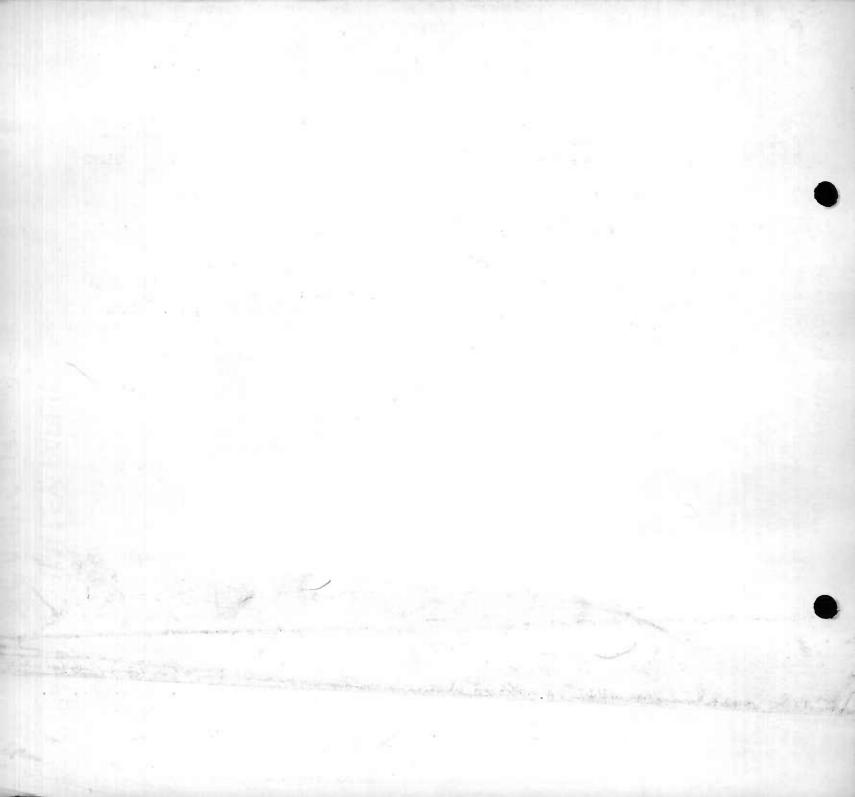
EXAMINER'S

NAME (Type) Rudiger Breitenecker

23A. BURIAL CREMATION, 23B. DATE 23C. NAME
REMOVAL (Specify)

the part of the teat

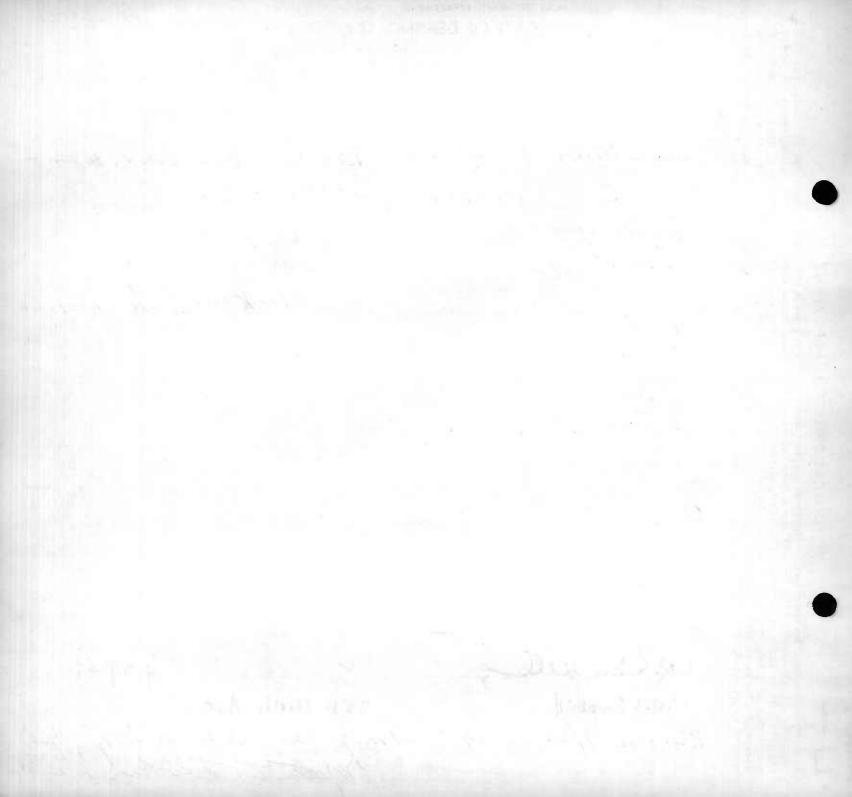
VS 150-REV. 1/1/65

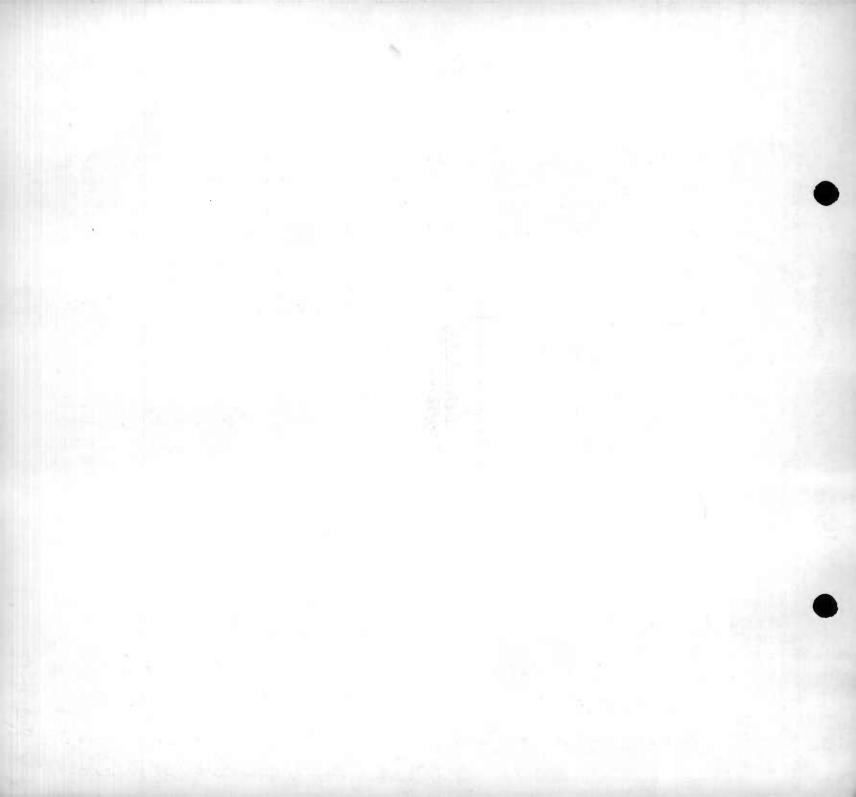


IMPORTANT DIRECTOR: FUNERAL

RESIDENCE (Where deceased lived. If institution, residence before admission) (If outside city (imits, write RURAL and give township) II Under 24 Hrs. If Under 1 Yr. Months Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) ond that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED (City, town, or county) (State)

66 09797





66 09799 66 09799 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Gail Jefferson 9/26/66 6:01 p. M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (If rural, give locotion) Hopkins Hospital 200 N. Aisquith St. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Days, Hours, Min. female colored 14 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tuden 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVEL IN U.S. ARMED FORCES?
(Yes, no ar unknown) If yes, give war or dates of service) TINFORM AN ADDRESS 16. SO CIAL SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Massive internal bleeding (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.) DUE TO Gunshot wound of chest, involving Liver. ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING both lungs and aorta RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Baltimore City, give exact location) home, farm, foctory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. yard rear of 401 N. Aisquith St. 21F. HOW DID INJURY OCCUR? 21 D TIME (Month) (Day) (Year) 21E. INJURY OCCURRED (Hour) OF INJURY 5:50pm WHILE AT NOT WHILE 26 shot in chest I certify that I held on Inquiry Inspection Autopsy N and that on this bosis, death in my opinion resulted from: Natural couses Accident . Homicide X Undetermined manner Suicide CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE

REMOVAL (Specify)

23 C. NAME of CEMETERY or CREMATORY

23D. LOCATION

(City, town, or county)

(State)

NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 238 DATE

ASSOCIATE MEDICAL EXAMINER

24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

ADDRESS

9/27/66

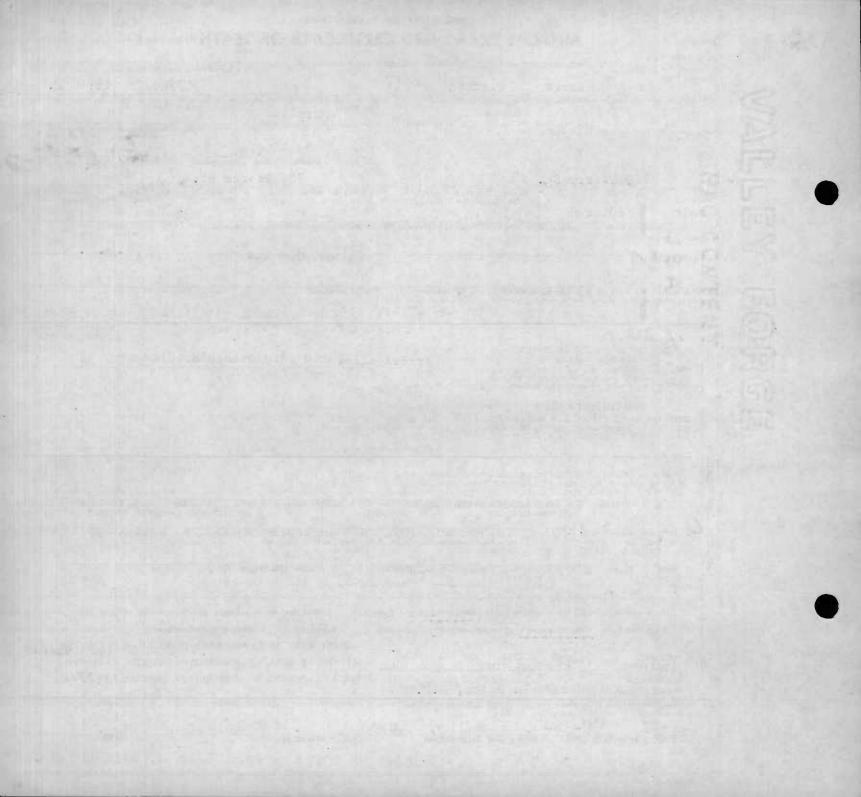
VS 151-REV. 1/1/65

EXAMINER'S

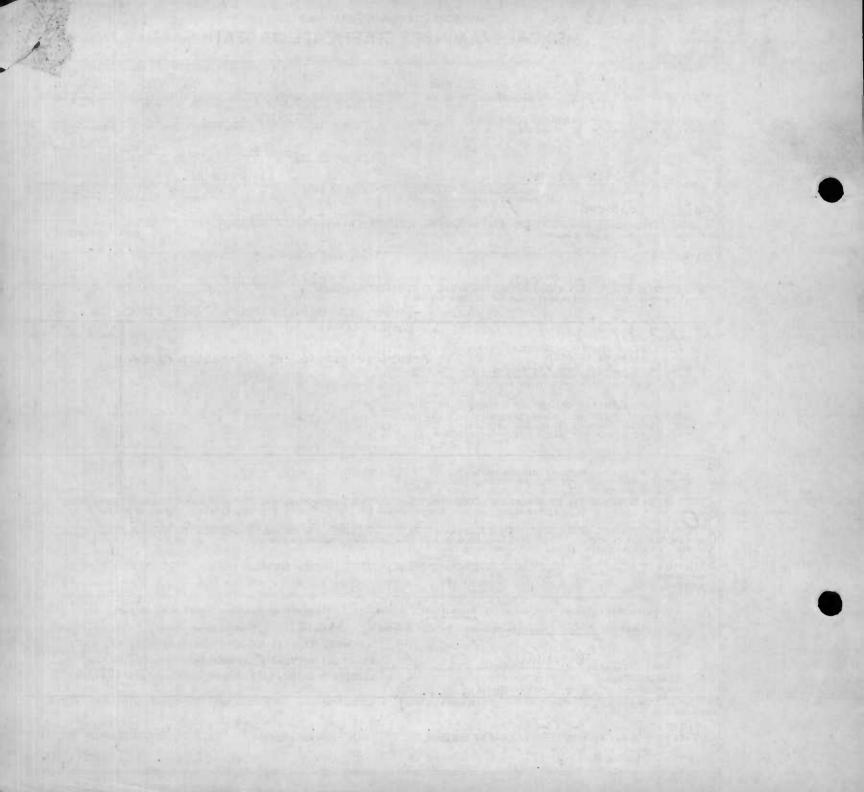
7-25-66 BALTINIAE UNIVERSITY HOSP 2318 DIVERNIT BIW 5 Hypertanie Consepalopety Flair Malegnant Hyperteen 1087 Chimber of tramper of the best of 3-32.9 1451 1 HOSP

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

M.E. CASE NO.	EAE EAT THE TER O C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1. NAME OF DECEASED		2. DATE AND I	HOUR PRONOUNCED DE	AD
(Type or Print) James	Pierson		9/27/66	11:10 a. M
3. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where dec	eosed lived. If institution: B. COUNTY	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside c	orporate limits, write RURA	AL ond give township)
INSTITUTION		Baltimore		1_05
		D. STREET ADDRESS (If rurol, gi	ve location)	
720 Pierce St.		720 Pier	ce St.	
	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If L	Under 1 Yr. If Under 24 His.
male colored	widowed, divorced(specify)	7-12-93	72	lins boys   Hours , with
10A, USUAL OCCUPATION (Give kind of work)			ountry) 12. (	CITIZEN OF
done during most of working life, even if retired)		Virginia		TI Q A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		Uallana
15. WAS DECEASED EVER IN U.S. ARMED I		17. INFORMANT	ADD	DRESS
tres, no or onknown, tri yes, give wor or goles	215-07-2063	Alice Coleman	1103 Calh	oun Street
īts.		OF DEATH	110) Oali	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of the of to find the ordinary of the	dying e.g., he discose, both.)  (A)Arteric DUE TO  (B)	osclerotic cardiov	ascular disea	ONSET AND DEATH
UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING WAS PERFO	TED TO THE			
	THON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20 NO	B. IF YES, WERE FINDING CERTIFYING CAUSES OF	
OTAL EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in its bidge, INJURY OCCUR?	in Boltimore City, give exc	oct location)
OF INJURY (APPROX.) (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED  WHILE AT NOT NOT WORK AT W	21F. HOW DID INJURY WHILE	OCCUR?	
22. I certify that I held an Inc		tapsy and that on this	basis, death in my api	inian
resulted fram: Natural caus			determined manner	
Tostica italia italia italia	Accident	CHIEF MEDICAL EXAM		
ACTUAL SIGNATURE Mer	ierh. 3- (M.D	ASSISTANT MEDICAL EXAM	MINER 🔀	DATE SIGNED
	U. Spitz, M.D.	ASSOCIATE MEDICAL EXA		9/27/66
23A. BURIAL CREMATION, 238. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	CREMATORY 23D. LOC	CATION (City, town,	, or county) (Stote)
Burial 9-30-6	6 Balto. Nati	onal Cem. Bal	timore, Man	ryland
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
SEP 20 1986 (A	0. 1-2 Follows	George Kelso	n 1348 N.	Calhoun St.
V\$ 151-REV. 1/1/65				



M.E	CASE NO.				
	NAME OF DECEASED			2. DATE AND HOUR PRONOUNG	The state of the s
	Ea	arl A. Brooks		9/27	7/66 8:30 a. M.
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If ins	stitution: residence before odmission)
Пно	L NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	M.	aryland VN (If outside corporote limits, wri	
				Baltimore	10
	3/00 5		D. STREET ADDR	RESS (If rurol, give location)	
	1423 Bruce S			1423 Bruce St.	
5. S	6. RACE colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
t I		NOB. KIND OF BUSINESS OR INDUSTR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retired)		Maryla	nd	U.S.A.
13.1	ATHER'S NAME		14. MOTHER'S M		0.00000
	Richard Gr	raan	stol	le Brooks	
	VAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	LE DIOONS	ADDRESS
Yes	, no orunknown) (If yes, give wor or date		at-on.	10 Pannor 1199	Paulos St
<u></u>	18.	220-14-760		le Barney 1423	
	4221 I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY		1.	1.
			losclerotic	c cardiovascular d	lisease
	(This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which coused	the discose, death.)			
	ANTECENDENT CAUSI	e c			
	DISEASES OR CONDITIONS, IF A	( P)	w 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	TATING THE			Value of the latest th
z	ONDEREMINO CONDITION EAST.	(C)		***************************************	***************************************
임	11				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE	*****		
CERT	19A. DATE OF OPERATION 19B. CON		20A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE FIN CERTIFYING CAL	
U	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)		HERE DID (If in Boltimore City, g	give exoct locotion)
Σ	21 D TIME (Month) (Doy) (Yeo	Hour) 21E. INJURY OCCURRED	21 F. H.C	W DID INJURY OCCUR?	
	OF INJURY (APPROX.)	WHILE AT NOT	WHILE		
	22. I certify that I held on I	m. WORK AT W		I that on this bosis, death in	my opinion
	resulted from: Notural co	uses X Accident Suicid	Homicie	de Undetermined mont	ner
	1111			EDICAL EXAMINER	
	ACTUAL SIGNATURE	Sh Sm (MD		EDICAL EXAMINER X	DATE SIGNED
		r U. Spitz, M.D.		EDICAL EXAMINER	9/27/66
	BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City	y, town, or county) (Stote)
	Burial 9-30-	-65 Balto. Nat	17. Cem	Baltimore.	Maryland
24A	DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS
	SEP 29 1966	O Pat E. talley AM	Georg	e Kelson 1348 i	. Calhoun St.
VS	151-REV, 1/1/65	*			



IMPORTANT

DIRECTOR:

FUNERAL

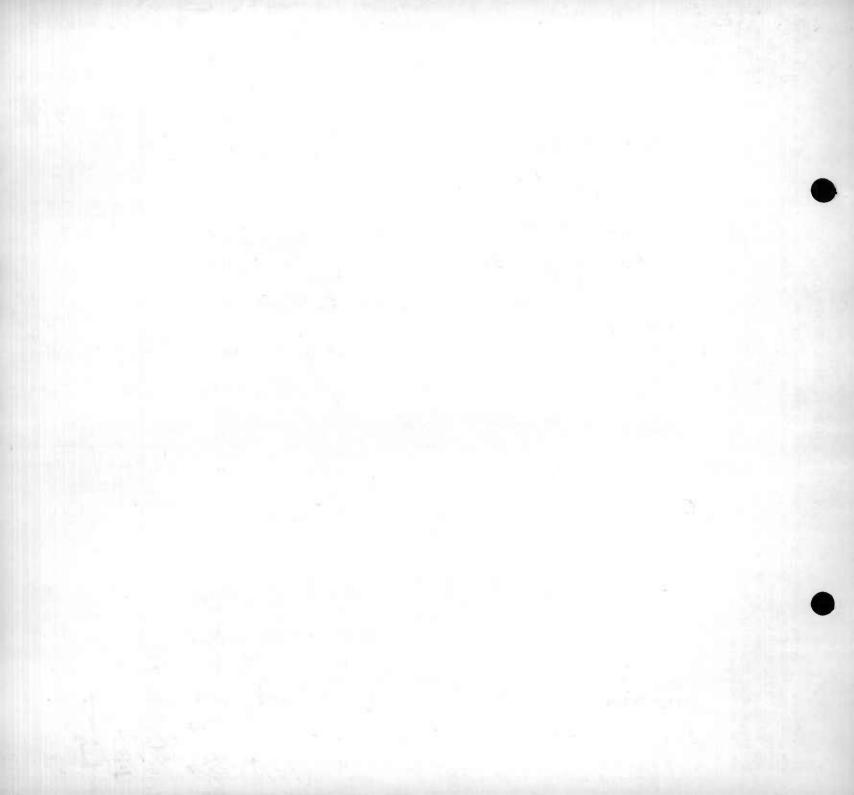
Coreà Consiste Md Beltmore South Shines General Hospital HIS HILL ST F W 3-3, 1908 58

IMPORTANI

DIRECTOR:

FUNERAL

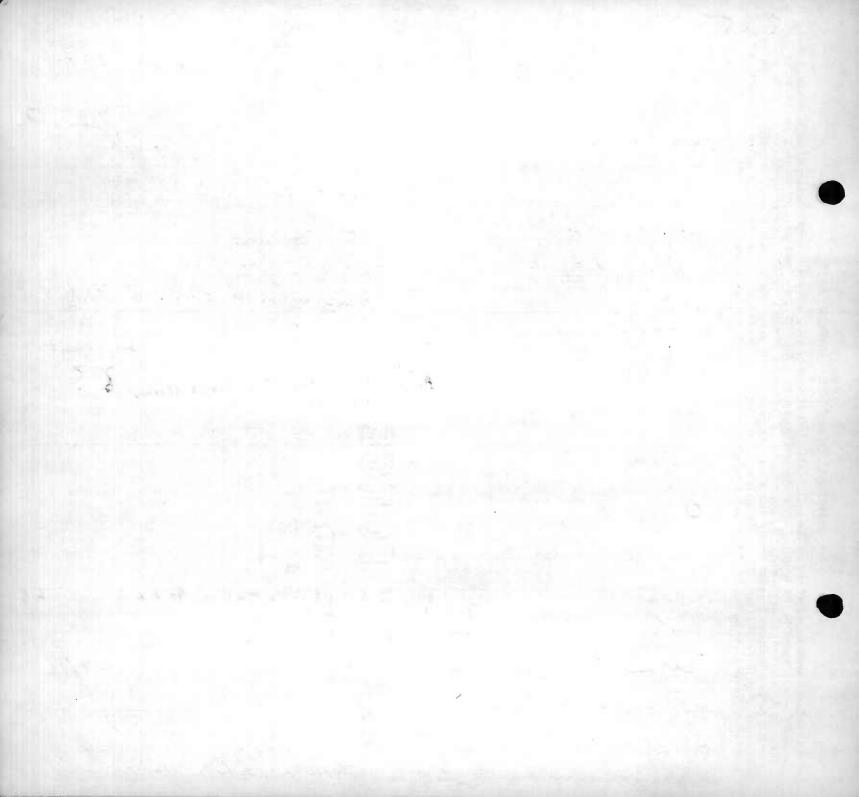
BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

FUNERAL



0.00000	BALTIMORE CITY HEALTH DEPARTMENT
6 09806	CERTIFICATE OF DEATH

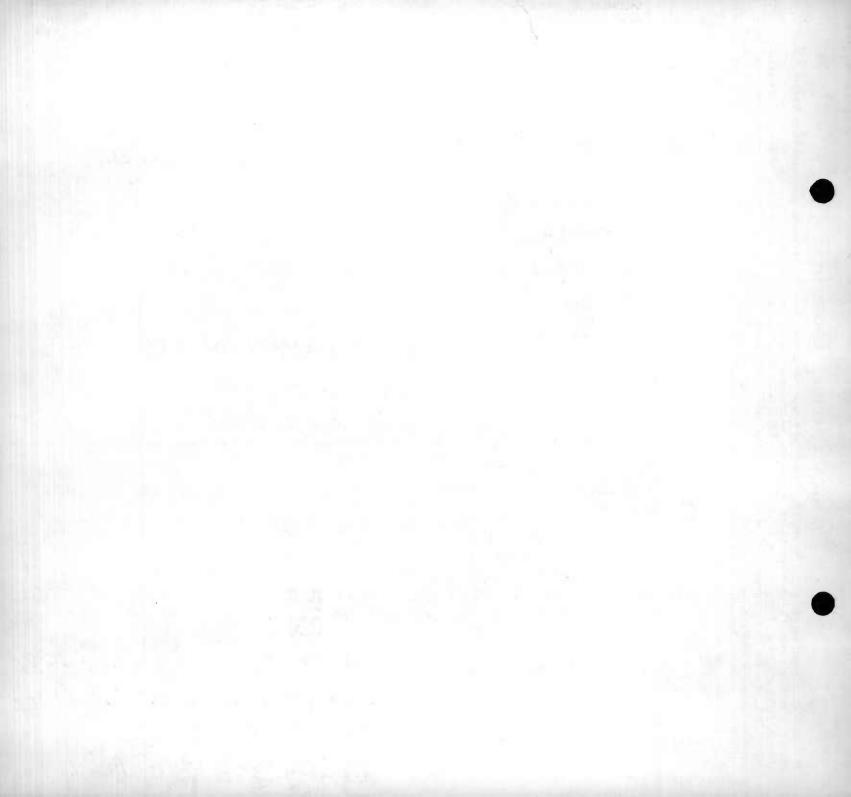
		66 09806	
Registered	Na	00 00000	

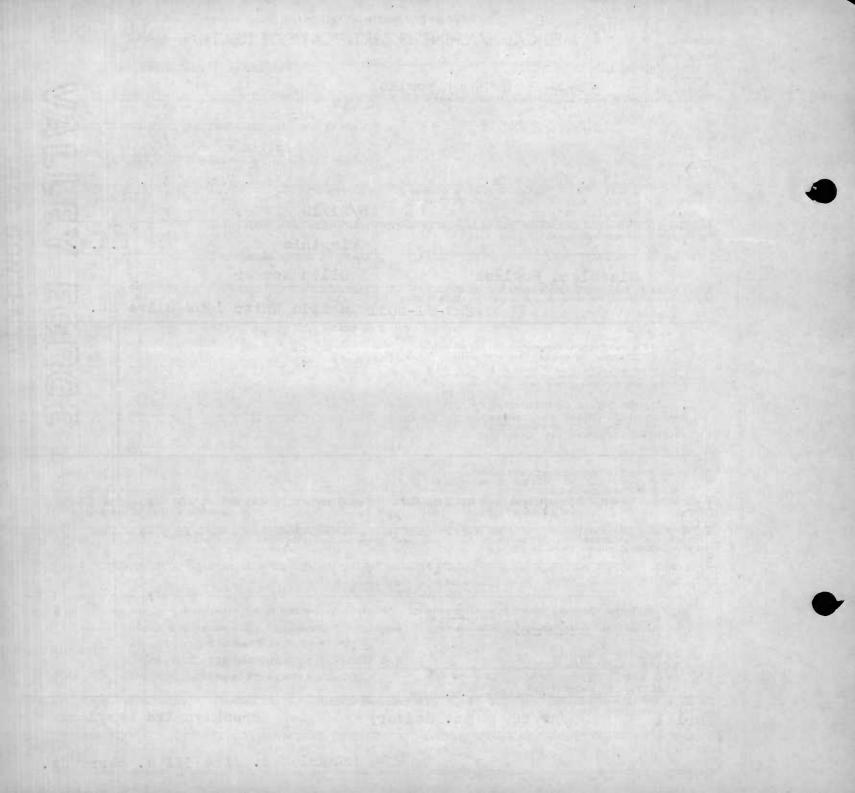
M.E. CASE NO.		CERTIFICA	ATE OF DI	EATH Neg	ISTORED NO.		
1. NAME OF DECEASED				2. DATE AND HOU	OF DEATH		
WILL	IAM HAF	RDESTY		9/28/66			: 20 A M
3. PLACE OF DEATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESID	B. COUNTY	ed lived. If in	stitution: residence before	odmissionl
FULL NAME OF (If not in hospital of	ar institution,	give sheet	Marvlan	nd			
HOSPITAL OR address at lacation	)		C. CITY OR TO		limits, write P	RURAL and give lownshi	p)
10			Baltimo		/	600	
Maryland	d Gener	al Hospital	D. STREET ADD	RESS (If jurol, giv	e lacation)		
97-0				Charles St			
5. SEX 6. RACE	7. MARRIED WIDOWE	D, DIVORCED (specify)	8. DATE OF BIRT	H 9. AGE	(In years day)	Manths Days Haurs	der 24 Hrs. Min.
Male White	Wodov		1/17/82	84			
tOA, USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State as fareign count	ry)	12. CITIZEN OF WHAT COUNTRY	
Florist	Reti	ired	Cumber	land, Maryla	and	USA	
3. FATHER'S NAME		8;	14. MOTHER'S A				
Tanjour Har	rdesty	,	Mary	Jane Corno	r		
5. Was Deceased Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT			6 Equitable 1	21.1
Yes, na arunknawn) (If yes, give wai ar dates	of service)	SECURITY NO.					31dg
10		218-32-1705	E. MKKN N	McClure Rou	zer Ba	ltimore, Md.	PA44554
18.		CAUSE	OF DEATH			ONSET AND	
DISEASE OR CONDITION DIR	ECTLY	ĺ	2 11111	10 - 1 - 1			
(This does not mean the made of	dying, e.g.	(A) DUE TO	neuvic	11001		\$ +++ 0 + + + + + + + + + + + + + + + +	
heart failure, asthenia, etc. Il means injury ar camplication which caused			-	The last	1	1	
ANTECEDENT CAUSES	ocum,	(8)	Men!	Schot	> Me	art	
		DUE TO	de	un-		~~~~~~ <del>~~~~</del>	P
DISEASES OR CONDITIONS, if a	, , ,	/ .	1 12cm	de on	eum		
UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT			111				
DISEASE OR CONDITION CAUSING IT	ī	4					
19A. DATE OF OPERATION 19B. CONI	ORMED	WHICH OPERATION	20A. AUTOPS	Y? (Yes ar Nal 208, II IN CE	RTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
a prince	lovi		1 1016		147 : P. 1-2		
OR CONTRIBUTING CAUSE OF	har	me, form, factory, street, o	office bldg., INJURY	OCCUR?	(It in Baltimaie	City, give exact location	n)
DEATH (notify medical examined	etc	.)					
OF INJURY (Month) (Doy) (Year)	(Houi) 211	INJURY OCCURRED	21F. HC	OW DID INJURY OC	CUR?		
(APPROX)		hile At Not Whi					
22. I certify that (1) (this hospital)				10	4.0		10
that (1) (we) last saw the decease					y) (aur) apir	nion death occurred (	in the date
and have and from the causes state	ed abave. (	I) (We) (did) (did nat)	view the bady at	fter death.			
23A. SIGNATURE	1			1-1 - Sa-#		23B, DATE SIGNED	
Name Cull	M-	M.D. Att		Ned. Staff Phys.	+	9-28-	66
23C. PHYSICIAN'S NAME (Type)			23 D. ADDRESS		1		
Daniel Class	leer	ser M.D.	97	1 /2	5057	crum	
24A. BURIAL CREMATION, 24B. DATE	24C.N	AME of CEMETERY of CR	EMATORY	24D. LOCATION	V (Ci	ty, tawn, at county)	(Stotel
REMOVAL (Specify)	66 5	and a Dida		n = 1			
Burial 9/30/		ruid Ridge OF REGISTRAR	25C EIIMER A	Raitim	ore Cou	nty, Md.	
OPE O ACC	230. IAMINE	" O	25C. FUNERA	OK IKECIOK		VDDKE22	

VS 150-REV. 1/1/65

Wm. KXXX-Brooks Inc. Baltimore, Md.

66 09807	BALTIMORE CIT	Y HEALTH DEPARTMENT	66 09807
BIRTH NO. 00 03007	CERTIFICA	TE OF DEATH Registered No.	00 03007
M.E. CASE NO.  1, NAME OF DECEASED.		2. DATE AND HOUR OF DEATH	
Type or Print)	11 . 0 1	2. DATE AND HOUR OF DEATH	0 - 1011
Juna III	Geres (h) Origo	u Dent 2	8 1966
PLACE OF DEATH IN BALTIMORE, MAR	RYLAND	4. USUAL RESIDENCE (Where deceased lived, II in A. STATE 8. COUNTY	stitution; residence before odmis
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital of	or institution, give street	manufunx	
HOSPITAL OR oddress or tocotion	)	C. CITY OR TOWN (Il advide city limits, write	RURAL and give township)
INSTITUTION		no la	NORTH SING IS NOT IN INC.
11	a Br	Ballimon	6-0
910 N. Washin	4/20 3/1.	D. STREET ADDRESS (If surol, give focotion)	
110 1 COMS	/	111 h / lon binds	
	/	11011. Washingto	u si
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	Months Doys Hous Mi
Spenule Col		May no vent last	
A USUAL OCCUPATION Give bird of month	MOMENTA 108, KIND OF BUSINESS OR INDUSTR	111. BIRTHTLA CE (State or foreign country)	112 CITIZEN OF
one during most of working life, even if retired)	100 WILD OL BOSHIESS OK HADOSIK	11. BIRTHILACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
12 . 19		1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 0 1
Joshale		suchmond le	N. XA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1
)11,00 na		12. 6	
william I W.	vuo	Naukus non	co
i. Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give war at dates	es? 16. SOCIAL	17. INFORMANT	ADDRESS
Taring of the service with the dotes	s of service) SECURITY NO.		
NO			
18. 6 7 6 8	CAUSE	OF DEATH	INTERVAL BETWEEN
			ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY	to - cotto last of	(10)
LEADING TO DEATH	(A) Hyp	outersen & conscionac ()	
(This daes not mean the made of	dying, e.g., DUE TO		
heart failure, asthenia, etc. It means injury ar camplication which caused	the disease,	2 2	
	. 0	atensent octoschorte Co	
ANTECEDENT CAUSES	(B)	and and	•••••
DISEASES OR CONDITIONS, if		111111	
rise to the abave cause (A)		uneken Whereter	
UNDERLYING CONDITION last.	(0)	W. W	
Z			
TO THE DEATH BUT NOT RELATED	UNIKIBUTING TED TO THE		
DISEASE OR CONDITION CAUSING IT			
19A. DATE OF OPERATION 198. CONE	DITION FOR WHICH OPERATION		FINDINGS CONSIDERED
WAS PERF		IN CERTIFYING CA	
80000			
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimor	e City, give exoct locotion)
DEATH (notify medical exoming)	home, lorm, loctory, street, etc.)	Since sing., INJURI OCCUR?	
no accepted			
21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	White AtNet Wh		
(APPROX)	Work At Work		
22 1 15 13 / 1			+ 16 /
22. I certify that (I) (this hospital)	1 -1	march 2 1965 to S	15 196
that (1) (we) lost saw the deceased	d alive on fept	6 166 ond that in (my) (our) opt	nion death occurred on the
and hour and from the causes state	ed obove. (I) (We) (did) (did nat)	view the body ofter deoth.	
23A. SIGNATURE			238, DATE, SIGNED
1/1000	) - millo M.D. At	tending Med. Staff	10,100
xaco h	MULLEY ) " Ph	ys. Director Phys.	XUIST 281
23C. PHISTEHAN'S		23D. ADDRESS	1- 1- 10
NAME (Type)	A A	11 - 0 84	related.
Jacob NI	MILLER M.D.	16/3 K Ballemas	Holknine)
A. BURIAL CREMATION, 248, DATE	24C NAME of CEMETERY OF CH	REMAIORY 24D. LOCATION (C	ity, town or county) (Sto
REMOVAL (Specily)	20 A D A	A AL	ity, town or county) (Sta
B 0 M-1-1	1. 1/1//a	Clark Miller	2 and
surax 15 1-61	a mount	Lety James	
A. DATE REC'D BY HEALTH DET.	258 NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
OF 89 1200 (1)	Lew C. Townson	(Show On Walson	1000 Browllen A
5 150-REV. 1/1/65	-	nray	1 - John Though





IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

and

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours !

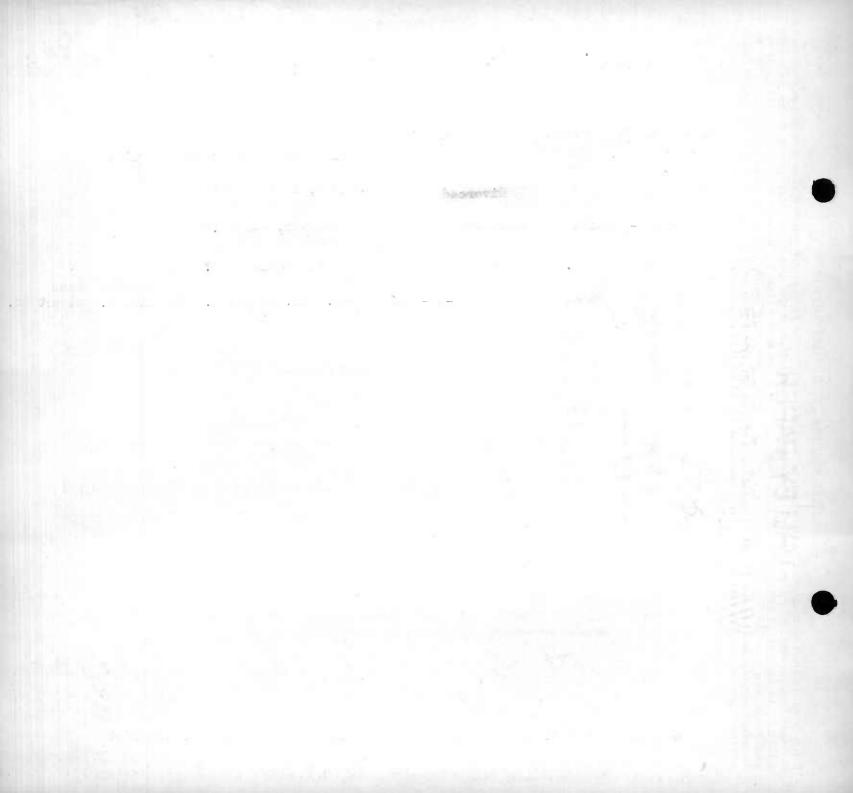
ne i

TASE SECOND IN THE PARTY OF

Lancing Lines

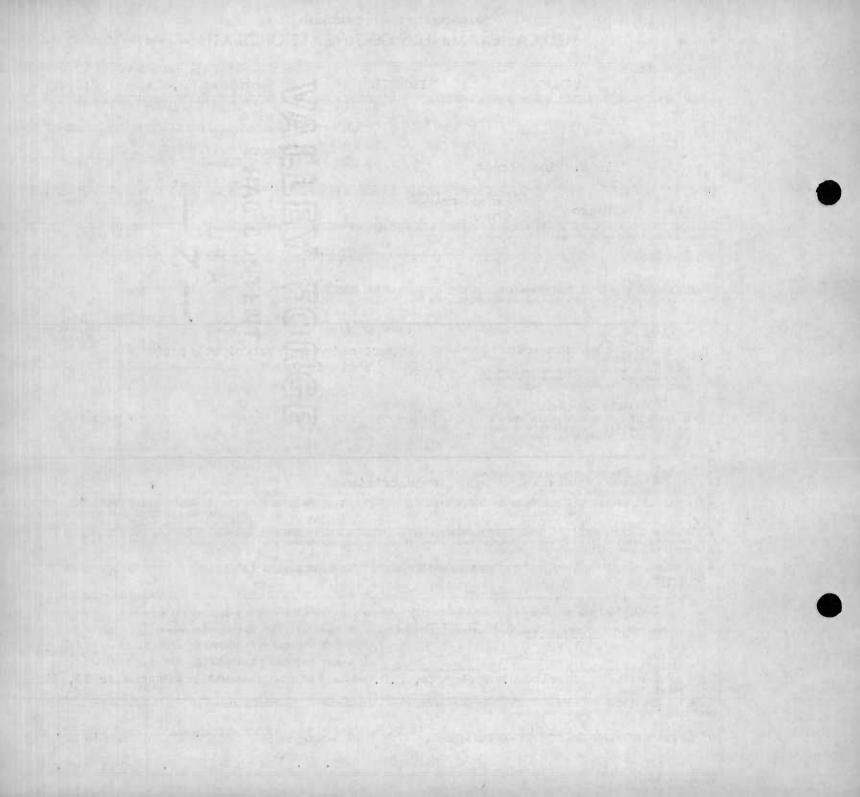
Walley 's va

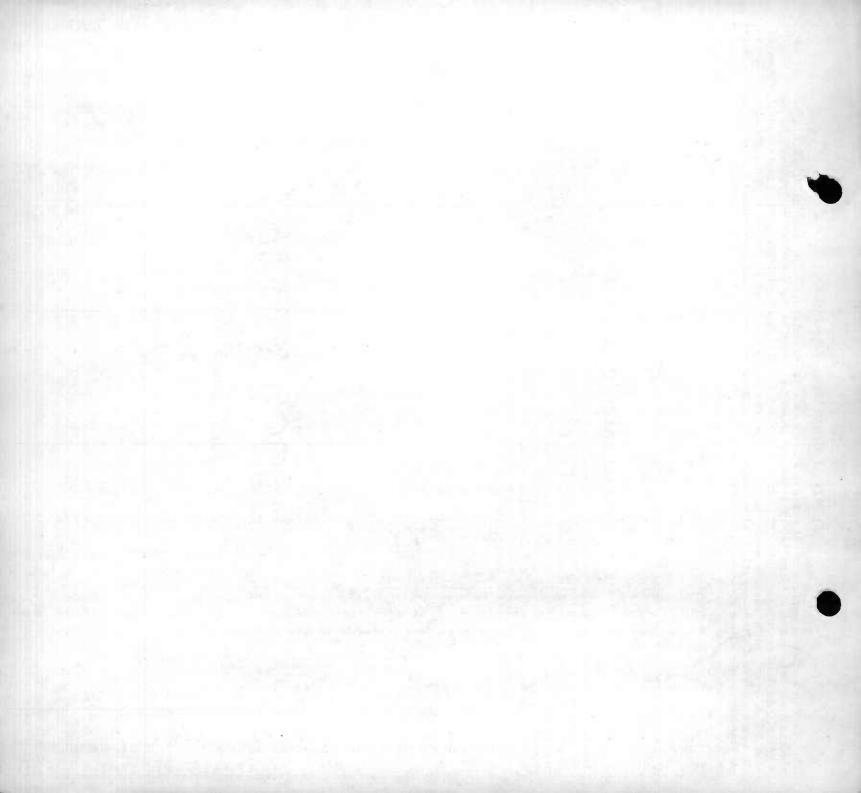
66 0	9811	BALTIMORE CITY	HEALTH DEPARTMENT		66 09811
IRTH NO.		CERTIFICA	TE OF DEATH	Registered N	0. 00 00011
A.E. CASE NO NAME OF DECEASED D			2. DATE	AND HOUR OF DEA	TH ~ Z <sup>3</sup>
Type or Print) Edna	Schenck			9-27-6	6 15 00 P.
PLACE OF DEATH IN BALTIMO	RE MARYLAND		4. USUAL RESIDENCE (\		If institution: residence before admissio
FULL NAME OF (If not in	hospital or institution,	ave sheet	Maryland	,01111	
	r locotion)	give street		outside city limits, wri	to RURAL and give township)
	nas Nune	ing Hame	Baltimore		-0-
House In the Pi	hes truit	440	D. STREET ADDRESS	(If rurol, give location)	
O ASAS WIDE	ivedelic )	740,	916 Saint	Paul Street	21202
SEX 6. RACE	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 Hr Months Days Hours Min.
emale. Whit	7.0	orced	Hune 6, 1888	lost birthdoy)	
A. USUAL OCCUPATION (Give kin	nd of work 108. KIND OF		11. BIRTHPLA CE (Stote or	foreign country)	12, CITIZEN OF WHAT COUNTRY?
ne during most of working life, even in Retired - Audito		ern Hotel	Chicago,	Illinois	WHAT COUNTRY
FATHER'S NAME			14. MOTHER'S MAIDEN		
	0.1				
Martin B Wos Deceased Ever in U. S. A		enck	Ada Mar	1e ?	ADDRECE
es, no or unknown) (If yes, give wo	or dotes of service)	SECURITY NO.			Horizon House
No Non	е	098-05-4112	Brig. Gen. E	ugene S. Bib	b 1101 N. Calvert S
18. 4.22,11		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDIT		2-1	- 0 +	01	
LEADING TO		(A) AS	wsclepoll	Cadro-	6 Mod.
(This does not meen the name heart foilure, osthenia, etc. I	I means the disease,	DUE 10	inschentu	Riseail.	
injury or complication which		<i>V</i>			
ANTECEDENT	CAUSES	DUE TO			
rise to the above cous		.0)			
UNDERLYING CONDITION		(C)	********	00000000000000000000000000000000000000	
II.					
OTHER SIGNIFICANT CONDITION					
OTHER SIGNIFICANT CONDITION THE DEATH BUT NO DISEASE OR CONDITION CA		pool.			
	98. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes o		RE FINDINGS CONSIDERED CAUSES OF DEATH?
O Mine.	Name of the last		100		
21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE	OF hor	PLACE OF INJURY (e.g., in ne, form, foctory, street, of	fice bldg., INJURY OCCUR	(If in Boltin	more City, give exact location)
DEATH (notify medical examine	er) etc.	)			
OF INITION		INJURY OCCURRED		INJURY OCCUR?	
(APPROX)	Wh	ile At Not While			
22. I certify that (I) (this I	nospital) attended t	1	Van	1964 to 50	P7. 1966
that (i) (we) iast sow the		9/16/66	19 000	/	apinion death occurred on the da
and have and from the cour		1) (W/) (4:4) (4:4 )			,
23A. SIGNATURE	ses stored above.	i) (me) (ala) (ala hat) V	iew the bady offer deo	In.	23B, DATE SIGNED
11/1	# 4	M.D. Atte	nding Med.	Stoff -	0/28//6
23C. PHYSICIAM'S	W XU	Phy:		Phys.	1/0/66
NAME (Type)	T. T.	VIETA	ADDRESS	1 - 01	1/1/11
1/ SIFMM	E7/	JUEEN M.D.	Mel. Ar	15 15/	97-130 118 m
A. BURIAL CREMATION, 24B. E REMOVAL (Specify)	24C. N.	AME of CEMETERY OF CRE	MATORY 24E	LOCATION	(City, town, or county) (State)
	29/1966	Greenmount Cre	matory	Baltimore,	Maryland
SA. DATE REC'D BY HEALTH DE		OF REGISTRAR	25C. FUNERAL DIREC		D ADDRESS
			1 . 1		1201113.17101.



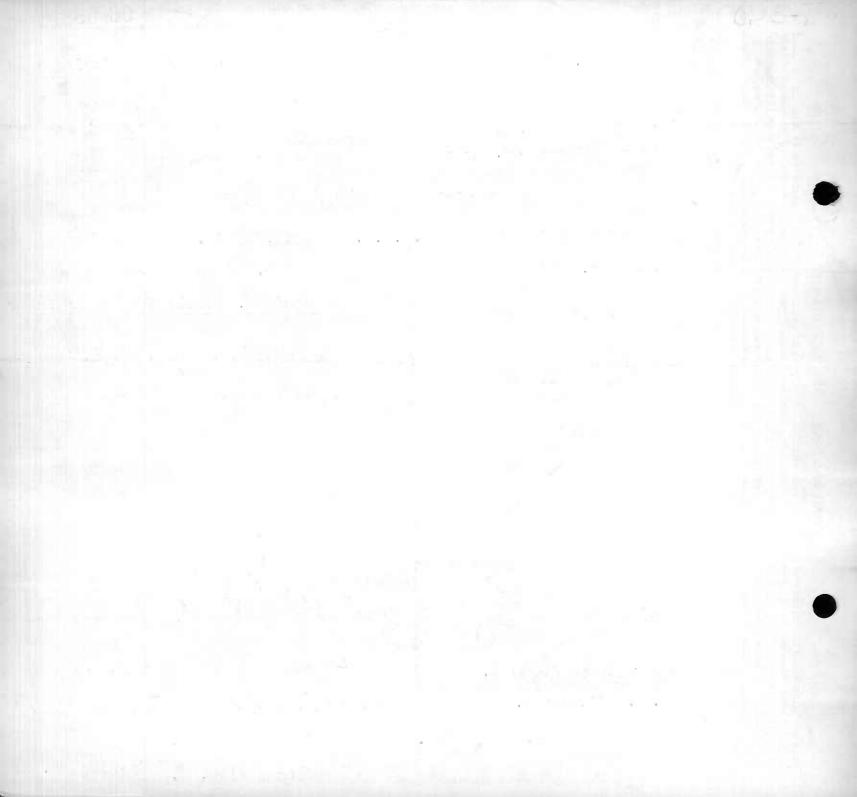
BALTIMORE CITY HEALTH DEPARTMENT

DID	TH NO.	MED	ICAL EX	CAMINER'S C	EDTIFIC A	TE OE	DEATH Pasts	1.66	098	12
	E. CASE NO.	MILD	ICAL LA	AMINALK 5 C	LKIIIICA	IL OI	DEATH Regis	rerea ivo.		
1.	NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUN	ICED DEAD		
(Ту	pe or Print)	TIMOT	THY	MITCHEI	LL	Sep	tember 23,	1966	1:50	PM .
3. 1	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	A. STATE			n stitution: resider OUNTY	nce before od	Jmission
HO	LL NAME OF	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO		e corporate limits, w	rite RURAL and	give townshi	ip)
1	20	116 N. Pir	ne Stree	t	D. STREET ADD			0 2		
5. 5	SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT		9. AGE (In year lost birthdoy)	s If Under 1	Yr. If Under	24 Hrs
	Male	Negro	Widow				65		, , , , , , ,	
		UPATION (Give kind of working life, even if retired)			Y 11. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN WHAT	OF COUNTRY?	
13	FATHER'S NAM	A F	1		Marylan 14. MOTHER'S M					
		ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	n		ADDRESS		
1		(If yes, give wor or dote	es of service/	SECURITY NO.	Tana	^	700 N T	)	01	
-	NO	9 0		CAUS	E OF DEATH	Green	306 N. H		STREE	
	Tours.	55.00.000000000000000000000000000000000				. ,	. 1		NSET AND	DEATH
	DISEA	LEADING TO DEATH	RECTLY				eriosclero			
	(This does heart failure	not meon the mode of c, asthenia, etc. It means emplication which caused	dying, e.g.,	DUE TOX	neart dis	ease		•••••••••••••••••••••••••••••••••••••••	****	***********
	injury or co	emplication which coused	deoth.)							
		ANTECENDENT CAUSE		(8)						
	RISE TO TH	OR CONDITIONS, IF A		DUE TO	,	*			~~~	
z	UNDERLYII	NG CONDITION LAST.		(C)	0000000mm6000000000000mmn0mm0	****************			************	
5		11			- A					
ERTIFICATION		NIFICANT CONDITIONS DEATH BUT NOT RE			ition					
ATIF.		F OPERATION 198, CON		WHICH OBERATION	DOA AUTORO	V2 (V	DOD IP VEC WERE	FINISH OF SOL	I CID FRED	
CE	A DATE OF	WAS PER		WHICH OPERATION	No. No.		20B. IF YES, WERE IN CERTIFYING CA			
SAL	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21C.	WHERE DID	(If in Boltimore City,	give exact laca	tion)	
ā		ISE OF DEATH.	etc.)							
Σ	21D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21F. H	OM DID INT	URY OCCUR?			
	(APPROX.)		m. V	VHILE AT NOT	WHILE D					
	22.	tify that I held on I				id that an th	is basis, deoth in	my oninion		
		Ited from: Natural co		ccident Suicio			Undetermined mor			
		7.11		7 -		EDICAL EX				
	ACTUA		J: J	not.	ASSISTANT M				DATE SIG	NED
	SIGNAT		les S. S	pringate, M.I				Septembe	r 23	1966
	NAME (	Type)		pringate, iii	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ocp cemoe	1 20,	2,000
	MOVAL (Specif		23	C. NAME of CEMETERY	or CREMATORY	23D. L	OCATION (Ci	ty, town, or cou	nty) (S	Stote)
-	Burial	9/28/	66	Mt Calvary OF REGISTRAR	Cemeter	y An	n Arundel	Count	v. Md.	
24/	A. DATE REC'D	BY HEALTH DEPT.		The second secon		AL DIRECTOR		ADI	DRESS	
		SEP 29 136	1) more	w 2, m kuft	Wm.	C. Mar	ch 928 E	. North	h Ave.	
VS	151-REV. 1/1/			0 10 1111	1 (1)					

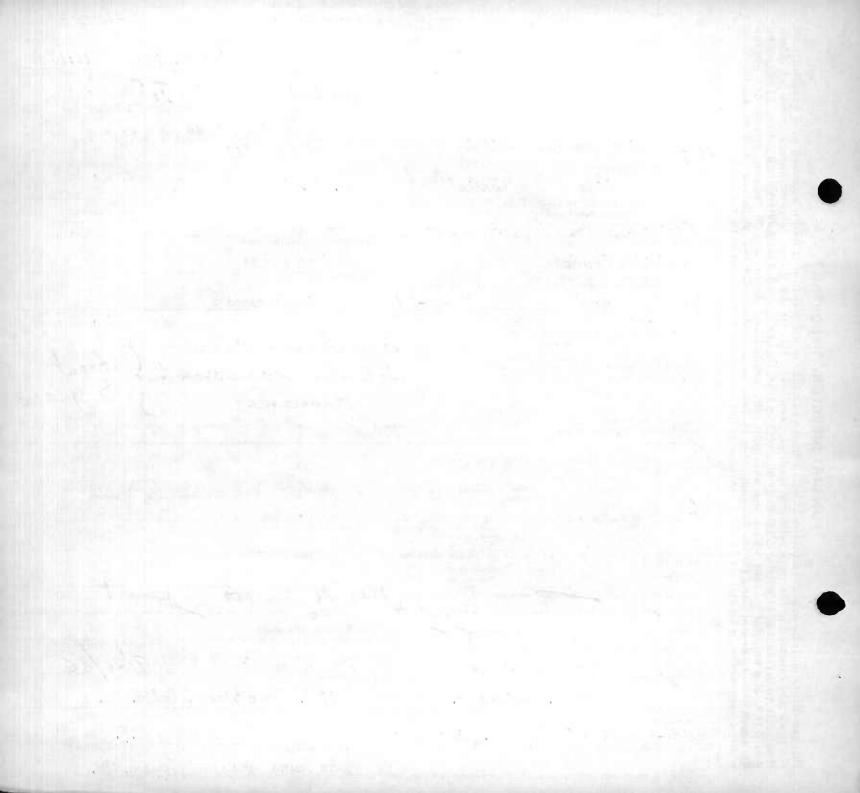


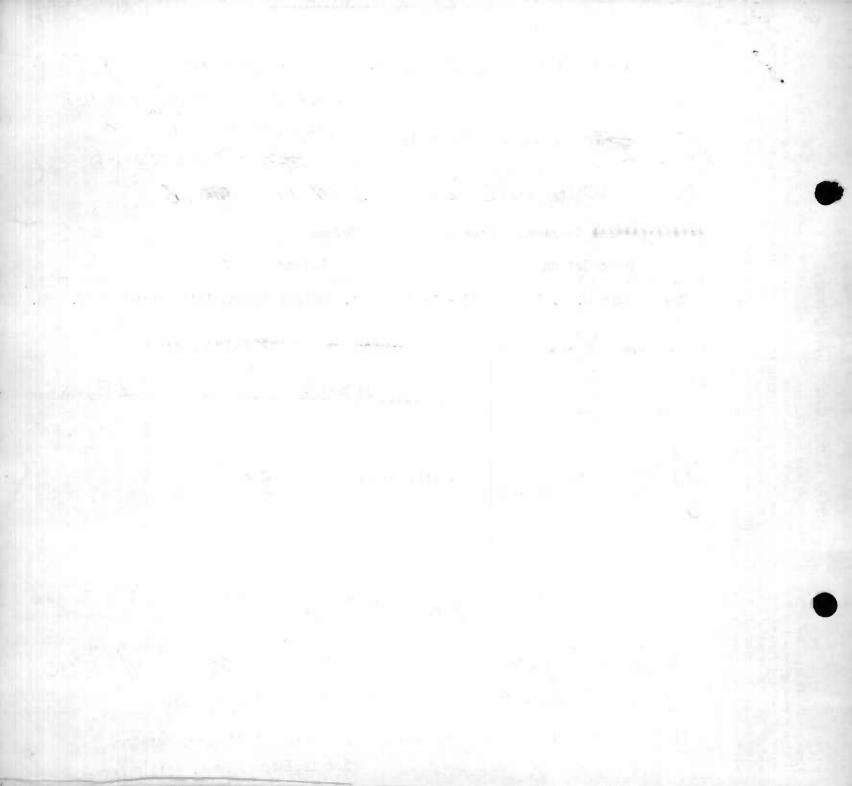


	CASE NO.	66 09814		EKTIFICAT	E OF DEATH	Registered No	66 0981
1. N	AME OF DEC		13	ASSET THE		AND HOUR OF DEAT	•
		James D. Tut				ember 26th,	
3. P	LACE OF DE	ATH IN BALTIMORE, MA	ARYLAND		L. USUAL RESIDENCE (W. A. STATE B. COL		institution: residence before odn
	ULL NAME	OF (If not in kospital	or institution, give stree	et	Maryland		12alto
	NSTITUTION	oddress or location	on)	1	Maryland C. City Or TOWN (IF	outside city limits, write	e RURAL and give township)
	S	aint Agnes Ho	snital		Baltimore		53-00
11		ton & Wilkens			STREET ADDRESS	(If rural, give lacation)	
1	U Oa	oon a. wilkens	Aves. 21229		709 Eastsh	ire Drive 2	21228
5. SI	EX	6. RACE	7. MARRIED, NEVER WIDOWED, DIVOI	MARRIED B.	DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under Manths! Days Hours
	M	W	Marrie		4/14 /1907	59	10013
					. BIRTHPLACE (Stote or fo		12. CITIZEN OF
	The state of the state of	working life, even if retired)					WHAT COUNTRY?
C	ONST PE	uction engi	ineer US (	Fou.G.S.A	Maderia. MAIDEN'N	Calif.	USA
130 1				14	. MUINERS MAIDEN'N	AME	
		ames W. Tut			Pearl R	. Dixon	
15. V (Y a s	Nos Deceased	d Ever in U. S. Armed Fo		URITY NO.	· INFORMANT		ADDRESS
		MIM TT		3-05-3875	Mrs Doris	E. Tuttle	709 Eastshi
	yes	1 1 1 1 1		CAUSE OF		- 0.0000	INTERVAL BETWEE
	7 2	SE OR CONDITION DI	IDECTI V	UU.			ONSET AND DEA
	DISEA	LEADING TO DEATH		Man 7	Dames	Dast.	12
	(This daes	not meon the made of		DUE TO	~ Jures	) celevy	117
		asthenia, etc. It means				,	
			d death )				
	injury or car	mplication which caused		(B) (1)202	an Deler	solo.	337'
	injury or car	mplicalian which caused ANTECEDENT CAUSE	S	(B) CD	Lang Deler	solo.	3371
	DISEASES	mplicalian which caused ANTECEDENT CAUSES OR CONDITIONS, if	S ony, giving	500 10	my Deler	poio	337'
	DISEASES of tise to the	mplicalian which caused ANTECEDENT CAUSE	S ony, giving	(B) DUE TO	ran Doler	roro	337
	DISEASES of tise to the	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	S ony, giving	500 10	ran Deler	rero	33,1
NO	DISEASES of the second of the	mplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) G CONDITION lost,  Ill HEICANT CONDITIONS	ony, giving stoling the	500 10	my Deler	, , , , , , , , , , , , , , , , , , ,	3371
ATION	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE C	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION lost.	ony, giving sloling the CONTRIBUTING ATED TO THE	500 10	rang deler	~ Q. / Q.	330'
4	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE CISEASE OR	ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) G CONDITION lost.  Illicant conditions (A) CONDITIONS (A) CONDITION CAUSING FOPERATION 198. CONDITION CAUSING	ony, giving sloling the CONTRIBUTING ATED TO THE	(C)	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED
RTIFICA	DISEASES IN THE CONTROL OF T	ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Ony, giving stoling the CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH (RFORMED	(C)	/	No) 20B. IF YES, WER	
RTIFICA	DISEASES IN THE CONTROL OF T	ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Ony, giving stoling the CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH (RFORMED	(C)  DPERATION  OF INJURY (e.g., in o	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CONSIDERED
AL CERTIFICA	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF	ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) G CONDITION lost.  Illicant conditions (A) CONDITIONS (A) CONDITION CAUSING FOPERATION 198. CONDITION CAUSING	Ony, giving stoling the CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH (RFORMED	(C)  DPERATION  OF INJURY (e.g., in o	20A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICA	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONT	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost,  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NOLITION FOR WHICH (REORMED)  21 B. PLACE home, form, etc.)	(C)  DPERATION  OF INJURY (e.g., in o	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICA	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE C DISEASE OR 19A. DATE OF OR CONTRIB- DEATH (notif) 21D. TIME OF INJURY	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Ony, giving sloling the CONTRIBUTING ATED TO THE IT.  ATED TO THE IT.  APPORMED  21B. PLACE home, form, etc.)  (Hour)  21E. INJURY While At	OCCURRED	20A. AUTOPSY? (Yes or obout 21C. WHERE DID bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICA	DISEASES of the second of the	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIICANT CONDITIONS (A) CONDITIONS (A) CONDITION (B) CONDITION (B) CONDITION (B) CONDITION (B) CONDITION (B) CONDITION (B) CONDITION (C) CAUSE OF CONDITION (C)	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH (RFORMED 21B, PLACE home, form, etc.)  (Hour) 21E, INJURY While At Work	OF INJURY (e.g., in of factory, street, office)  OCCURRED  Not While [	20A. AUTOPSY? (Yes or obout 21C. WHERE DID bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact locotion)
MEDICAL CERTIFICA	DISEASES of the second of the	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH (RFORMED 21B, PLACE home, form, etc.)  (Hour) 21E, INJURY While At Work	OF INJURY (e.g., in of factory, street, office)  OCCURRED  Not While [	20A. AUTOPSY? (Yes or or obout 21C, WHERE DID be bidg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locofion)
MEDICAL CERTIFICA	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIICANT CONDITIONS (A) CONDITIONS (A) CONDITION (B) CONDITION (B) CONDITION (B) CONDITION (B) CONDITION (B) CONDITION (B) CONDITION (C) CAUSE OF CONDITION (C)	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH (RFORMED 21B, PLACE home, form, etc.)  (Hour) 21E, INJURY While At Work	OF INJURY (e.g., in of factory, street, office)  OCCURRED  Not While [	20A. AUTOPSY? (Yes or or obout 21C, WHERE DID be bidg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact locotion)
MEDICAL CERTIFICA	DISEASES rise to th UNDERLYIN  OTHER SIGN TO THE C DISEASE OR 19A. DATE OF  OR CONTRIB- DEATH (notif) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (***)	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  II DEATH BUT NOT REL CONDITION CAUSING F OPERATION 198. CON WAS PER WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Manth) (Day) (Year)  That (I) (this hospital) lost saw the decease	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH (REORMED)  21B. PLACE home, form, etc.)  (Hour) 21E. INJURY While At work	OPERATION  OF INJURY (e.g., in of factory, street, office)  OCCURRED  Not While At Work  assed from	20A. AUTOPSY? (Yes or obout 21C. WHERE DID e bidg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING COUR?  NJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locofion)
MEDICAL CERTIFICA	DISEASES rise to th UNDERLYIN  OTHER SIGN TO THE C DISEASE OR 19A. DATE OF  OR CONTRIB- DEATH (notif) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (***)	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH (REORMED)  21B. PLACE home, form, etc.)  (Hour) 21E. INJURY While At work	OPERATION  OF INJURY (e.g., in of factory, street, office)  OCCURRED  Not While At Work  assed from	20A. AUTOPSY? (Yes or or obout 21C, WHERE DID be bidg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING COUR?  NJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locofion)
MEDICAL CERTIFICA	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21.1. TIME OF INJURY (APPROX.)  22. I certify that (I) (Western of the control of the contro	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH (REORMED)  21B. PLACE home, form, etc.)  (Hour) 21E. INJURY While At work	OCCURRED  Not While At Work  did) (did nat) vie	20A. AUTOPSY? (Yes or obout 21C. WHERE DID be bidg., INJURY OCCUR?  21F. HOW DID II	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Boltime NJURY OCCUR?  19 6 to 9 that in (my) (aur) on the stoff	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  194  pinion deoth occurred an the
MEDICAL CERTIFICA	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE COLOREST OR 19A. DATE OF 19A. SIGNATION	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH (REORMED)  21B. PLACE home, form, etc.)  (Hour) 21E. INJURY While At work	OF INJURY (e.g., in a factory, street, afficiency, street, afficiency)  OCCURRED  Not While At Work  ased from  M.D. Attend Phys.	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID e bldg., INJURY OCCUR?  21F. HOW DID II	No) 20B. IF YES, WER IN CERTIFYING COUR?  NJURY OCCUR?  19 6 to 9 that in (my) (aur) on.	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  194  pinion deoth occurred an the
MEDICAL CERTIFICA	DISEASES rise Io Ih UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (No. 23A. SIGNATI NAME (1)	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH (REORMED)  21B. PLACE home, form, etc.)  (Hour) 21E. INJURY While At work) attended the deceeded live on attended abave (I) (We) (	OF INJURY (e.g., in a factory, street, afficiency, street, afficiency)  OCCURRED  Not While At Work  ased from  M.D. Attend Phys.	20A. AUTOPSY? (Yes or obout 21C. WHERE DID be bidg., INJURY OCCUR?  21F. HOW DID II	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Boltime NJURY OCCUR?  19 6 to 9 that in (my) (aur) on the stoff	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  194  pinion deoth occurred an the
MEDICAL CERTIFICA	DISEASES rise Io Ih UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (No. 23A. SIGNATI NAME (1)	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost,  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH (REORMED)  21B. PLACE home, form, etc.)  (Hour) 21E. INJURY While At work) attended the deceeded live on attended abave (I) (We) (	OF INJURY (e.g., in a factory, street, afficiency, street, afficiency)  OCCURRED  Not While At Work  ased from  M.D. Attend Phys.	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID e bldg., INJURY OCCUR?  21F. HOW DID II	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Boltime NJURY OCCUR?  19 6 to 9 that in (my) (aur) on the stoff	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  194  pinion deoth occurred an the
MEDICAL CERTIFICA	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF  21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (I) and hour on 23A. SIGNATI NAME (I) W. BURIAL CRE	ANTECEDENT CAUSE:  ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  INDITION FOR WHICH (REPORMED)  21B. PLACE home, form, etc.)  (Hour) 21E. INJURY While At work with attended the deceeded alive on the control of t	OF INJURY (e.g., in a factory, street, afficiency, street, afficiency)  OCCURRED  Not While At Work  ased from  M.D. Attend Phys.	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID to bidg., INJURY OCCUR?  21F. HOW DID II  3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	No) 20B. IF YES, WER IN CERTIFYING COUR?  (If in Boltime NJURY OCCUR?  19 & b to 9 that in (my) (aur) so that	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  194  pinion deoth occurred an the
MEDICAL CERTIFICA	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21 Certify that (1) (Western of the Contribute	ANTECEDENT CAUSE:  ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  NOTITION FOR WHICH (REPORMED)  21B. PLACE home, form, etc.)  (Hour) 21E. INJURY While At work  Work  At attended the dece ed alive on	OPERATION  OF INJURY (e.g., in of factory, street, office)  OCCURRED  Not While At Work  ased from  M.D. Attend Phys.  Attend Phys.  CEMETERY of CREM	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID e bldg., INJURY OCCUR?  21F. HOW DID II  3 19 3 and whe bady ofter deothing 2 Med. Director D. ADDRESS  219 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Boltime NJURY OCCUR?  19 6 to 9 that in (my) (aur) on the phys.   LOCATION (10 to 1) 10 to 1 t	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locotion)  - 26 - 195  pinion deoth occurred an the control of the
MEDICAL CERTIFICA	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE COLORES 19A.DATE OF THE CONTRIBINATION OF INJURY (APPROX.)  21A. ACCIDE OR CONTRIBINEY (APPROX.)  22. I certify that (I) (Western of Injury (APPROX.)  23A. SIGNATI  W.  BURIAL CRE REMOVAL CRE REMOVAL CRE BURIAL CRE	ANTECEDENT CAUSE:  ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the  CONTRIBUTING ATED TO THE IT.  INDITION FOR WHICH (REPORMED)  21B. PLACE home, form, etc.)  (Hour) 21E. INJURY While At work with attended the deceeded alive on the control of t	OPERATION  OF INJURY (e.g., in of foctory, street, office)  OCCURRED  Not While [ At Work  ased from	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID e bldg., INJURY OCCUR?  21F. HOW DID II  3 19 3 and whe bady ofter deothing 2 Med. Director D. ADDRESS  219 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Boltime NJURY OCCUR?  19 6 to 9 to 9 to 10 t	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locotion)  - 26 - 195  pinion deoth occurred an the control of the



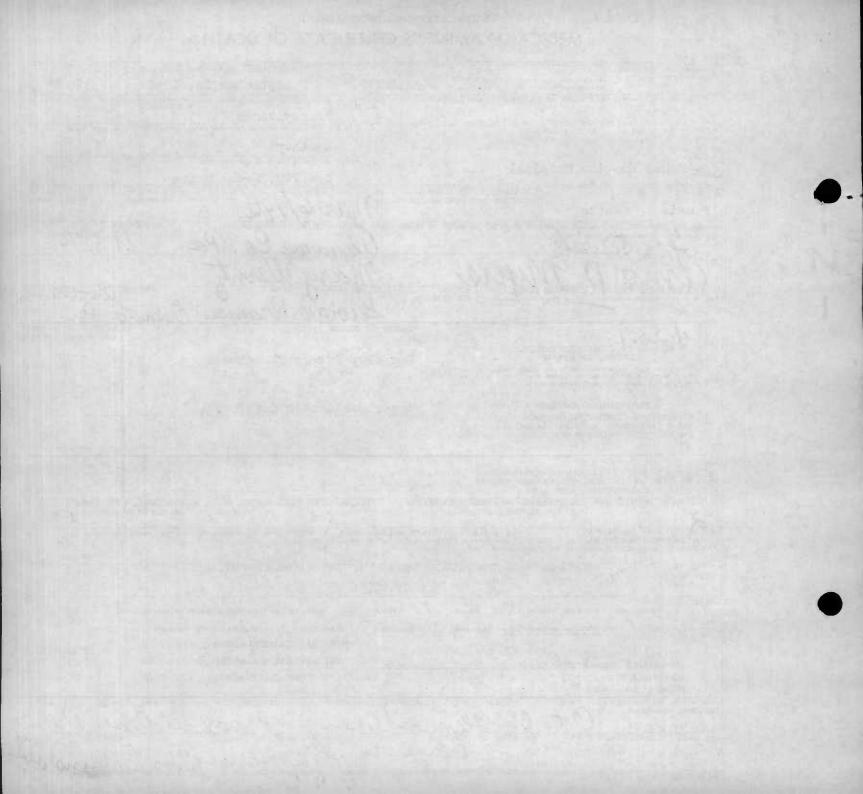
	00 00045		BALTIMORE CITY				66 09815
BIRTH NO. M.E. CASE NO.	66 09815	)	CERTIFICA	TE O	F DEATH	Registered Na.	00 00010
I. NAME OF DEC	CEASED				2. DATE A	ND HOUR OF DEATH	
Type or Print)	Bertram Harr	11 Cran	dall		Se	ptember 26.	1966   11:10 H
PLACE OF DE	ATH IN BALTIMORE, MARY	LAND		4. USUA	L RESIDENCE (WH	ere deceased lived. If in	nstitution: residence before admis
FULL NAME ( HOSPITAL OR INSTITUTION	OF (If not in hospital or address or location)	institution,	give street		yland	27-0	RURAL and give tawnship)
	Inion Memorial	Hospit	al	D. STREE	730 Fenui ADDRESS (1) Baltimore	ck Avenue f rural, give lacation)	
SEX	6. RACE   7	AAADDIED	NEVER MARRIED	B. DATE C		9	I If II-do: 1 V. If II-do: 24
Male	white	WIDOWEL	o, DIVORCED (specify)	Aug.	13, 1907	9. AGE (In years last birthday) 59	If Under 1 Yr. If Under 24 Manths Days Haurs M
	UPATION (Give kind of work) working life, even if refired)	OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Claims 3. FATHERS NA	adjustor	Fond	Dealer	Ne 14. MOTH	W York	AME	USA
Melvi	lle Crandall			1	Blanche (a	se	
5. Was Deceased fes, na ar unknaw	d Ever in U. S. Armed Force n) (If yes, give war or dotes	of service)	SECURITY NO.	17. INFOR		1.	ADDRESS
no	none		225-10-1511	-	amily rec	wras	
18. 44	SE OR CONDITION DIRE		CAUSE O	FDEATH			ONSET AND DEATH
rise to the UNDERLYIN	OR CONDITIONS, if are above couse (A) s G CONDITION last.  IFICANT CONDITIONS CO SEATH BUT NOT RELAT	NTRIBUTIN					
	F OPERATION CAUSING IT.	ITION FOR		20 A. A	UTOPSY? (Yes ar I	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B hom etc.	PLACE OF INJURY (e.g., in e., form, factory, street, of	or about in fice bldg., I	21 C. WHERE DID	(If in Boltimor	e City, give exact lacotion)
21D. TIME OF INJURY	(Manth) (Day) (Year)		INJURY OCCURRED	120	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		Wo					
that (I) (we	that (I) (this hospital)  last saw the deceased  d from the causes state	alive an	august 4	19.	_		inian death accurred an the
23A. SIGNAT		1		4			23 B. DATE SIGNED
23C. PHYSICI	Blenie	Us,	Phy	ending s. 23D. ADDR	Med. Director	Staff Phys.	9/26/66
NAME (	Worth B. L	Daniel	O MD	/		e Street, Bo	rlto. Md.
4A. BURIAL CRI	MATION, 24B. DATE	24C. N.	AME of CEMETERY of CRE	MATORY	24D.	LOCATION (C	ity, tawn, ar county) (St
Bunial-+	annit 9/20/6	5 Ft	Lincoln (eme	tonii		Washington	D.C.
5A. DATE REC'E	SEP 29 1966	SB. NAME	OF REGISTRAR	25C. F	UNERAL DIRECTO	) R	ADDRESS
\$ 150-REV. 1/1/		410000	J 4, 100000 m	101	in Barns	ons 10	owson, Md.





<	6	20
1	(0)	

	ERTIFICATE OF DEATH Registered No. 66 U9817
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)  LILLIAN N. KRAU	SSE September 28, 1966   9:43 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY Pennsylvania
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)
INSTITUTION	Boothwyn
23	D. STREET ADDRESS (If rurol, give locotion)
Johns Hopkins Hospital	
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	Box 74G, Weeks Drive    B. DATE OF BIRTH /   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.)
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED (specify)	9. AGE (In yeors of BIRTH ost birthdoy)  9. AGE (In yeors of Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	TY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if religible	Valouraso Co. Pa. Disit.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(PAMA) ) WILLEAD!	Mary Wornt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS BATTALL
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	10 10 Man to a common
	Flura 10, 18 tause Oblato, Pa
TB. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	onary Artery Thrombosis
(This does not mean the mode of dying e.g., heart foiluse, ostherio, etc. It means the disease,	
injury or complication which coused death.)	
ANTECENDENT CAUSES (B) Arte	eriosclerotic Cardiovascular Disease.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
(C)	
Ĕ II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes
Q1A, EXTERNAL CAUSE WAS QUNDERLYING □ OR CONTRIB-  21B, PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21C. WHERE DID (II in Boltimore City, give exact location) olfice bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB-	
21D TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE WORK
22.	utapsy X and that an this basis, death in my apinian
	de Hamicide Undetermined manner
TOSOFICE HOLL TOSOFICE ACCIDENT	CHIEF MEDICAL EXAMINER
ACTUAL ()	DATE SIGNED
SIGNATURE ( hacles) Pelly M.C	0/20/66
EXAMINER'S Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) CHARLES 5. FELLY, M.D.  23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county)
Durine Va. 66 Henryon	Men. Broomall Oeld. Va.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C FUNERAL DIRECTOR ADDRESS 202
SFP 30 1986 (20 & E. Fashingan)	Aprilia Herrica Son On Dans 10
VS 151-REV. 1/1/65	They was the way



VS 151-REV. 1/1/65

66 09818 BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.			
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNG	ED DEAD
(Type or Print)	THANI RANTA		, 1966   11:45 P M.
3. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where deceased lived. If ins	stitution: residence before admission)
		A. STATE B. CO	UNTY / - 7 3
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside carparate limits, wri	te RURAL ond give township)
INSTITUTION		Kokemaki	03/ 03
Couth Doltin	one Conomal Hospita		24-03
South Baitim	ore General Hospita	D. STREET ADDRESS (If rurol, give locosion)	
	T MAARIER MENER MAARIER	B. DATE OF BIRTH 9. AGE (In yeors	If Under 1 Yr, If Under 24 Hrs.
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	losi birthday)	Manlhs Doys Hours Min.
Male White	SINGLE	10-8-1945 20	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SEAMAN	MARITIME	FINLAND	FINLAND
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ERKKI KANT	A	UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	CONSUL OF NORWAY
(Yes, no arunknawn) (If yes, give wor ar dates	s of service) SECURITY NO.	ODDVAR NIELSEN MD. I	CONSUL OF NORWAY
NO	NONE	1	NDEMNITY BLDG.
18.5902 1+3	22 CAUSE	E OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY	a comphusi Injunica	
LEADING TO DEATH	(A)	o-cerebral Injuries	
(This does not mean the mode of heart failure, asthenio, etc. It means	the diseose,		
injury or complication which caused d	eom.,		
ANTECENDENT CAUSES	S (B)		
DISEASES OR CONDITIONS, IF AN	NY, GIVING DUE TO		
UNDERLYING CONDITION LAST.			
X	(C)		
O THE SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT BE	CONTRIBUTING		
TO THE DEATH BUT NOT REL	ATED TO THE ACUTE	Ethylism	
DISEASE OR CONDITION CAUSING 194. DATE OF OPERATION 198. CONE WAS PERF	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE I	INDINGS CONSIDERED
WAS PERF		Yes IN CERTIFYING CAL	
21A. EXTERNAL CAUSE WAS	219 PLACE OF INITIPY (C.C.	in ar about 21C. WHERE DID (If in Boltimore City,	
O UNDERLYING OR CONTRIB-	home, form, factory, street,	office bldg. INJURY OCCUR?	
UTING CAUSE OF DEATH.	Street	26 Riverside Avenue	THE VIEW S BLUE
21D TIME (Month) (Doy) (Year) OF INJURY	(Hour) 121E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) Sept. 20 #66	11:00 WHILE AT NOT	WHILE Fell from roof	
22.			
1 certify that I held an In	nquiry Inspection Au	tapsy and that on this basis, death in	my opinian
resulted fram: Natural cau	ses Accident X Suicie	de Undetermined man	ner
///	- 1	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE	Wille Link MI	ASSISTANT MEDICAL EXAMINER 🗵	DATE STORES
	er Breitenecker	ASSOCIATE MEDICAL EXAMINER	9/21/66
NAME (Type)	/	Herear I was a series of the s	
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	OF CREMATORY 23D. LOCATION (Cit	y, town, or county) (State)
REMOVAL (Specify)	1966 ( 141 AMA) ()	EMETERY BALTIMORE	COUNTY MD
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
	4 20 8	T. C. M.	Idea Rolling
000000	Property of the state of the st	10//// /// /// /// ///	Tall / // IP/AIR II i

	LAL EX	AMINER 5 C	EKTIFICAT	E OF D	EAIH Registe	ered No		
M.E. CASE NO.  1. NAME OF DECEASED				2 DATE AND	HOUR PRONOUNC	ED DEAD		
(Type or Print)		GT 4					E . /. E	D
HERBERT W.  3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOU	SLATER	4. USUAL RESIDE		aber 27, 19	titution: cest	5:45	PM.
			A. STATE	rvland	B. COL	THE THE	110	
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCAT	OR INSTITU	TION, GIVE STREET		9	corporate limits, write	e RURAL o	nd give towns	ship)
INSTITUTION			Rail	ltimore		2	7 199	)
City Hosp	ital		D. STREET ADDRI		ive (acation)	- 30	0-0-	
old mosp.				nglow Ro				
5. SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH			I If Under	r 1 Yr. If Und	ler 24 Hrs.
	WIDOWED, I	DIVORCED(specify)			9. AGE (In years lost birthdoy)	Months	Doys   Hour	s Min.
	Widowe		April 3,		71	120 01000		
done during most of working life, even if retired)	UK. KIND OF	BRZINEZZ OK INDUZIK	TITL BIRTHPLACE (S	stote or toreign	country)	12. CITIZ	EN OF T COUNTRY	?
done during most of working life, even if retired) Painter			Marylan					
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAME				
Slater			Sadie :	Knokey				
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown), (If yes, give wor or dotes		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	5	
No			Miss Mar	ian Sla	ter 3127 D	melow	Road	
18.		CAUSE	OF DEATH	2021 020	ou oun. D	2161011	INTERVAL E	
l laster on contribution pin							ONSET ANI	D DEATH
DISEASE OR CONDITION DIRI LEADING TO DEATH	ECILT	Hemor	rhagic sho	ock				
(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g.,	DUE TO	•••••••	•		••••••••••••••	••••••	
injury or complication which coused de	e oth.)							
ANTECENDENT CAUSES		Incis	sed wounds	of both	wrists			
DISEASES OR CONDITIONS, IF AN	Y, GIVING	DUE TO	woonab					
RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ATING THE							
Z		(C)	••••••					
E								
OTHER SIGNIFICANT CONDITIONS OF	ONTRIBUTION	IG HE				-		
E DISEASE OR CONDITION CAUSING	IT.						· · · · · · · · · · · · · · · · · · ·	
19A. DATE OF OPERATION 19B. COND		WHICH OPERATION	20 A. AUTOPSY?	111	OB. IF YES, WERE FIN CERTIFYING CAU		ATH?	
				Yes			Ye	S
VIDERLYING OR CONTRIB-	21 B, home,	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY	OCCUR?	in Boltimore City, g	ive exoct lo	ocotion)	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)	Home			low Road			
ZID     (Month) (Doy) (reon		E. INJURY OCCURRED	21F. HO	M DID INJUE	RY OCCUR?			- 14
OF INJURY September 10 '6	66 ?P	HILE AT NOT	WHILE S CU	ut wrist	s			
22.								
1 certify that 1 held an In	daith [			thot on this	basis, death in	my apinia	n	
resulted fram: Natural cau	ses A	ccident Suicid	le 🔀 Hamicid	de Ur	ndetermined mann	er		
101	7 8	7 ()		EDICAL EXA			DATE SI	IGNED
ACTUAL SIGNATURE	ull	blutyMD	ASSISTANT ME	EDICAL EXA	MINER X			
EXAMINER'S	-		ASSOCIATE ME				9/28	/66
NAME (Type) Rudiger					The state of the s			
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)		C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (City	, town, or	county)	(Stote)
Burial   10/1/66	6	Oak Lawn Co	emeterv	0	olgate, Md			
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERA				ADDRESS	
	100	1- 2 Strabent	Ulrich	h Funera	1 Home Dun	dalk.	Md.	
CED 311 1966	105.7.	e i a sieu		-0-0		,		
VS 151-REV. 1/1/65	1.			4.5 6.5				

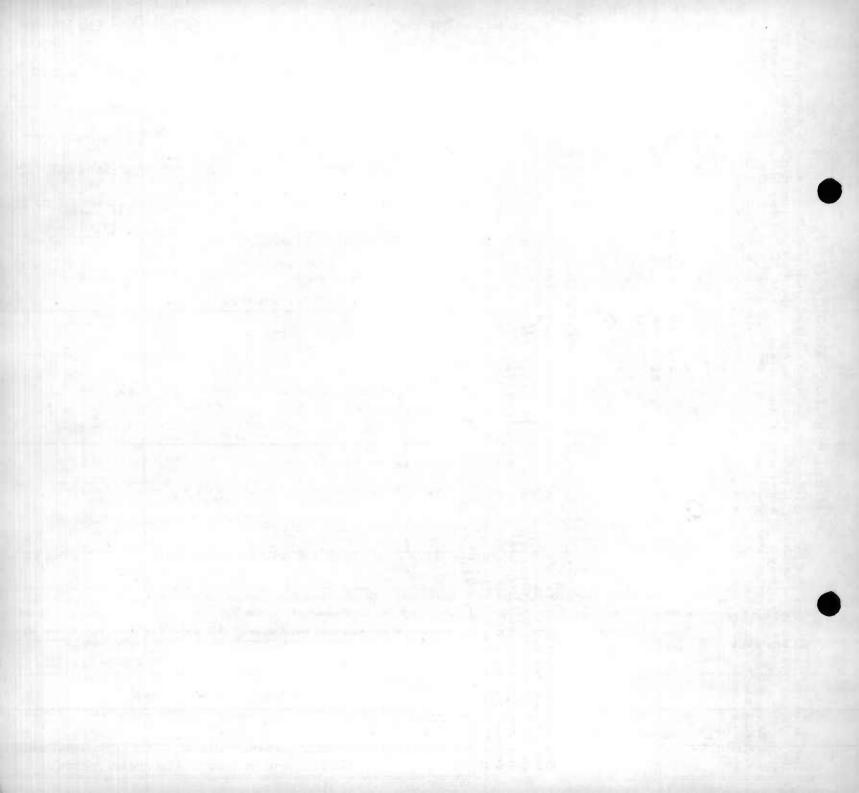
Such

SS neadu BALTIMORE CITY HEALTH DEPARTMENT

CC HORSE

BIRTH NO.	00 00020		CERTIFICA	TE OF DEATH	Registered No.	00 00040
1.NAME OF DI (Type or Print)	ECEASED	Muller			ember 26,196	66 145 P
FULL NAME	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION				TY side city limits, write	stitution; residence before odmission
1 1 4	in Pines Belair Road,				ghland Ave.	16-11
5. sex Female	6. RACE White	Widowe		8. DATE OF BIRTH Oct. 13, 1886	9. AGE (In years lost birthdoy) 79	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
At hom	of working lile, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
John	Gegner			Mary Loche		
15. Wos Deceas	ed Ever in U. S. Armed Formun) (If yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT  F. Leonard Mul		ADDRESS Highland Ave.
(This does heart failur injury ar c	ASE OR CONDITION DIR LEADING TO DEATH and mean the made of e, asthenia, etc. It means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	dying, e.g., the diseose, deoth.)	(A) Ce	rebool Hamors. Hensin cardio or recol	hazi- unulas desean	INTERVAL BETWEEN ONSET AND DEATH Suddless  -ym /0 9
A DISEASE O	FINITIONS CONTINUES CONTINUES CONTINUES CONTINUES CONTINUES OF CONTINU	TED TO TH	G E			
19A. DATE	OF OPERATION 198. CON WAS PERI		WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING   IBUTING   CAUSE OF tify medical examiner	hom etc.	e, form, foctory, street, o	or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?		City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  ile At Not White rk At Work	21F. HOW DID INJ	URY OCCUR?	
that (I) (y		d olive on	Sefet 33		966 to Sypot In (my) (our) opin	nion death occurred on the do
23C. PHYSIC NAME	IAN'S	ge D. L	Phy	ending Med. Director  23D. ADDRESS 426 S. Patter	son Park Ave	9/28/66 enue
24A. BURIAL C REMOVAL Entombme	L (Specify)		ame of cemetery of cr rraine Mausole		dlawn, Md.	ty, town, or county) (State)
25A, DATE REC	D BY HEALTH DEPT.	258. NAME (	OF REGISTRAR	Ullrich Fune:	ral Home 42]	ADDRESS LO Belair Road.

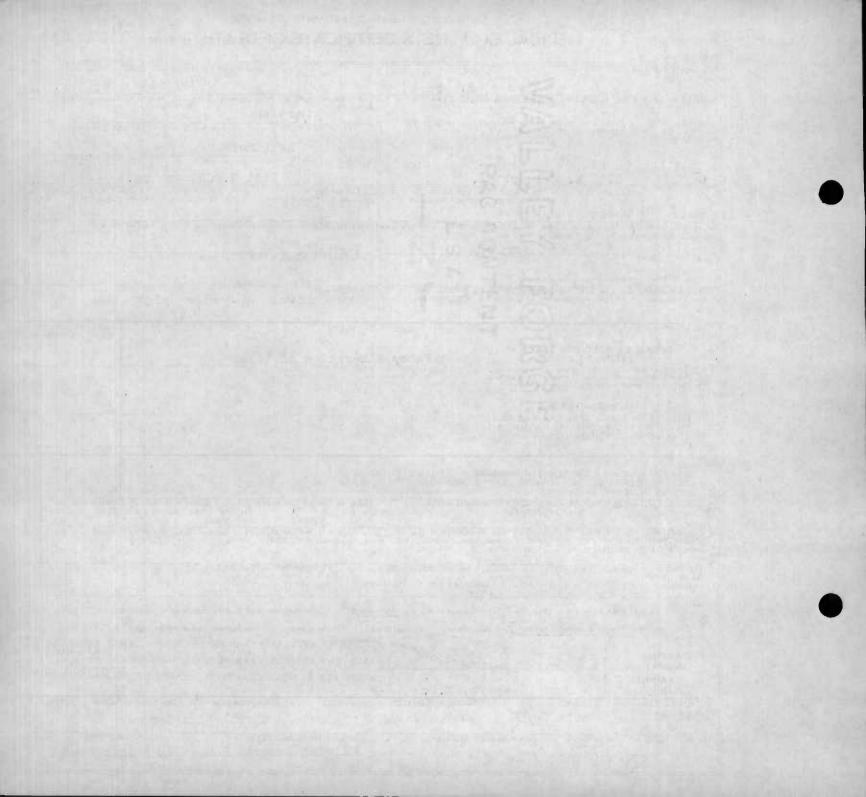
( )



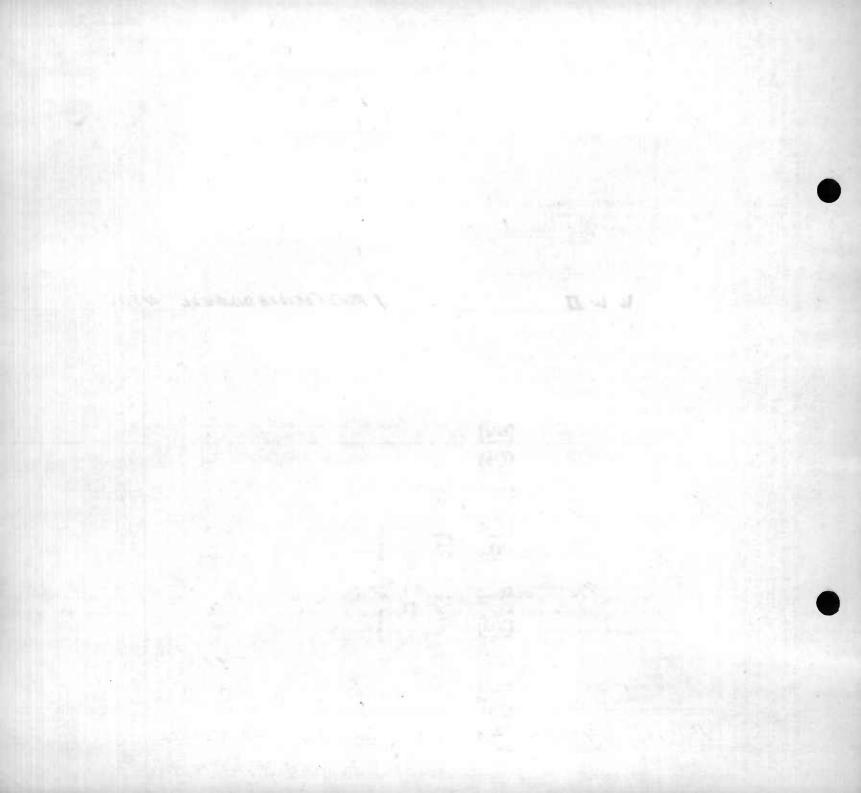
F-1600 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT 66 09821

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 09821

DIKI	H NO.	CAL LA	CAMILLE C		, , , , ,		
	CASE NO.				TO DATE AND	HOUR PRONOUNCE	ED DEAD
1. N (Typ	AAME OF DECEASED e ar Print)	Thomas	R. Frye			9/27/6	66   6:25 a. M.
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL F	Maryland	B. COU	tutian: residence befare odmission) NTY
HO	L NAME OF (IF NOT IN HOSPIT) SPITAL OR ADDRESS OR LOCA ITUTION	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR	TOWN (If outside Baltin	1	RURAL and give township)
	90			D. STREET	ADDRESS (If rural,	give location)	Ch
- 1	2111 N. Ca			B. DATE OF		N. Calvert	If Under 1 Yr. If Under 24 Hrs.
5. S	male white	WIDO WED,	DIVORCED (specify)	April	19 1929	9. AGE (In years last birthday)	Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work during most of working life, even if refired)						12. CITIZEN OF WHAT COUNTRY?
13.1	ATHER'S NAME	Carper	iter	14. MOTHER	'S MAIDEN NAME		
	Raymond Frey			В	onnie Harp	er	
15. V (Yes	NAS DECEASED EVER IN U.S. ARMED, no or unknown) (If yes, give wor or dote	FORCES?	16. SO CIAL SECURITY NO.	17 INFORMA	ANT	016 Pine He	ights Ave
EDICAL CERTIFICATION	DISEASE OR CONDITION DI LEADING TO DEATH  (This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which coused  ANTECENDENT CAUSI DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UTNG CAUSE OF DEATH.	dying e.g., the discose, deoth.)  ES ANY, GIVING TATING THE  CONTRIBUTI LATED TO 1 G IT. IDITION FOR FORMED	(B)	20A. AU1	ion of liv	20B. IF YES, WERE FII IN CERTIFYING CAU: YOS	
ME	21D TIME (Month) (Doy) (Year (APPROX.)		WHILE AT NOT WORK	WHILE VORK	F. HOW DID INJU	RY OCCUR?	
	22. I certify that I held an			itapsy	and that on thi	s basis, death in r	my apinian
	resulted from: Natural co	uses X	Accident Suici	_		Indetermined mann	er 🗌
	ACTUAL SIGNATURE	~ h	Zan (M.I	. ASSISTAN	EF MEDICAL EX IT MEDICAL EX TE MEDICAL EX	AMINER 🖾	DATE SIGNED 9/27/66
		U. Spi	tz, M.D.				
	A BURIAL CREMATION, 23R DATE Sept		Goshen Vall			urch Hill T	enn (State)
	SEP 30 1966		OF REGISTRAR		uneral director		Address O Belair-Road
VS	151-REV. 1/1/65				13 14 14		



14	66 09822	BALTIMORE CITY	HEALTH DEPARTMENT		110 10000
9	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	66 09822
	M.E CASE NO.	CERTIFICA			
	1. NAME OF DEDEASED	1	2. PATE AN	D HOUR OF DEATH	1/2
	DINNEll HOWARD	Jo	125 5	out 1966	1/000 P M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND				ution: residence before odmission)
			A.STATE   B. COUN	TYO 11 -	
	FULL NAME OF (If not in hospital or institution, give	street	MANIANE.	SALTIMOCP	
- 1	HOSPITAL OR oddress or locotion)		C. CITY OR TOWN (If dut	side city limits, write RUR	AL old givestownship)
	INSTITUTION				11-111
-	the 1 10 sel.	^	D. STREET ADDRESS (III	rutol, give, lecotion)	
-1	Macillaid a - of Horant	- []	1/00-	W/	
	114 7 14 10 G COISSHI 110 JOHN	7.9.	19508 SIMM	s Ave	
	5. SEX 6. RACE / 7. MARRIED, NE	VER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	f Under 1 Yr. If Under 24 Hrs.
	MAG WIDOWED, DI	IVORCED (specify)	611 01/914	lost birthday	Nonths Doys Hours Min,
	11the Own	169	7/UOV 1111	-3	
	10A, USUAL, OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei	gn country) *	2. CITIZEN OF WHAT COUNTRY?
2	Branch, MANAGOOMATIACK INC		rennsy/vavi	in	USE
		9		**	0311.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE	
	John Dinnell		LATIMO 1)	JART-	
		SOCIAL	17. INFORMANT	7901	ADDRESS
	(Yes, no or unknown) (If yos, give wor or dotos of service)	SECURITY NO.	TO THE ORDER AND THE		ADDRESS
	VES WWTI.	6-7 267/	MRS CECILIAI	DINNELL G	1505 SIM MS
	18 / 2	CAUSE OF		0,,01-020	INTERVAL BETWEEN
	420,0	CAUSE OF	DLAIN		ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY	0	2		
	LEADING TO DEATH	(A) 1	4 Imonary	edena.	
	(This does not mean the modo of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	1		
	injury or camplication which caused death.)	$\Omega$	drenal as	ablo VII	
	ANTECEDENT CAUSES	(R)	wunde ap	of axy	
3		DUE TO	phably du	I do tensor	)
	DISEASES OR CONDITIONS, if any, giving	a.	teus scleve	lia lolan t	
	rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(C) 191	um scelly	ic reals	
	ONDERETING CONDITION ISSI.		au	seen	
		Pus	t-AKamm	Malin 7	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			Rt led.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			4	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	H OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED
	1966 WAS PERFORMED	21	Var	IN CERTIFYING CAUSE	S OF DEATH?
			or obout 21 C. WHERE DID	Of in Boltimara C	ity, give exoct locotion)
2	OR CONTRIBUTING CAUSE OF home, for	orm, foctory, street, olf	fice bldg., INJURY OCCUR?	til ill bollilliore C.	ny, g ve exoci locoron
2	DEATH (notify medical examinar)				
3		URY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
2	S I III MEIL A	Not While			
3	(APPROX.) Work	Al Work		10	
	22. I certify that (I) (this hospital) attended the d	econsed from	oat 1	966 to 25 600	19 66
	97	Toot '		The state of the s	
	that (1) (we) last saw the deceased alive on		IY GO and the	at lin(my) (aur) apinla	n death accurred an the date
	and have and from the causes stated above (1) (W	e) (did) (dld nat) v	lew the bady after death.		
3	23A. SIGNATURE			123	B. DATE SIGNED
		M.D. Atte	nding Med.	Stoff	301 1
	Culture W. Wars	Phys	Director	Phys	72-20
	23 C. PHYSICIAN'S	2	23D. ADDRESS	1/1	1 17 1
	NAME (Type)	1116 M.D.	MACJINIL	of longings	of MOSPITAL
1	LANDAR VILLAY	100	*10171HW	1 CENENT	71
3	24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY or CRE	MATORY 24D. LC	OCATION (City,	town, or county) (Stote)
	BURIAL discher DAL	2/2/11/000 /	CAMETON T	DA CHILLIA	MD
	1-01611C 7108/06 PM	11 WOODS C	EMETERSY /-	MATULLE	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	LOISTRAK	25C. FUNERAL DIRECTOR		ADDRESS
-	00 1000 A B B O	Is and	VILLRICH F	UNERAL HON	1 4910 BELAITE



LOHMEYER, ERMST F. SEPT OU 1. 45

MARYLAND

THE LEWIS MEMBERS HOSPING BALTIMORE 3340 AND CAWORT ST. GASTMINE, MONTH FILLY BELATIR ROAD

M course yes 07-19-77 89

CAL-TRIAR & Kenteo

HARLY SIMULEES WILLIAM FRANCYER

5007 20, 66 5007 20, 60 5007 24, 66

X 5695 SUL 60

IN 2 STRONGS

IMPORTANT

FUNERAL DIRECTOR:

ACCOUNT OF	BALTIMORE CITY	HEALTH DEPARTMENT		66 09824
BIRTH NO. 66 U9824	CERTIFICA	TE OF DEATH	Registered No.	00 03024
M.E. CASE NO.  1, NAME OF DECEASED  (Type or Print)  THOMPSON,	DONALD X	2. DATE AND	HOUR OF DEATH	12:45A
. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		institution: residence before odmissio
FULL NAME OF (If not in hospital or instit	ution, give street	MARYLAND	HOWARD	
FULL NAME OF (If not in hospital or institution, give street oddress or location)  ST. AGNES HOSPITAL				RURAL and give township!
			TY	63.00
		RT 4 OLD ANNAPOLIS ROAD		
MALE WHITE TARRIED, NEVER MARRIED WINDOWS PINORCED (specify)		8-6-37	AGE (In years	ff Under 1 Yr. II Under 24 H Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 8, KII one during most of working lite, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
one during mass of working life, even if felifed;		MARYLAN	ID	
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME		
VICTOR THOMPSON		LOUELLA MILLER		
es, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.		17. INFORMANT	CATON	& WIERENS AVES
		ST. AGNES HOSPITAL RECORDS		
No	CAUSE O	1		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) KG	eltiple Hyelo	ma	
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the di				
injury or complication which caused deoth.				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony,	., .			
rise to the obove cause (A) stating UNDERLYING CONDITION last.	lhe (C)			
II				
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	NO	20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	in ar about 21C. WHERE DID (II in Boltimore City, give exact facation)  office bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour	ut) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?			
OF INJURY (APPROX.)	While At Not While			
	Work At Work		66 . CF	PTEMBER 28 19 66
22. I certify that (I) (this hospital) atterthat (I) (we) lost saw the deceased alive				
			f in (my) (our) of	oinion deoth occurred on the d
and hour and from the couses stoted obc	ive. (I) (We) (did) (did not)	view the bady ofter deoth.		ODS DATE SIGNED
Jalu Bib.	TO M.D. AH	ending Med.	Stoff 🔽	23B, DATE SIGNED
sourcia le	Phy	s. Director 1	Phys.	9-28-66
JOHN B HERT		ST. AGNES HOS	SPITAL -C	ATON & WILKENS
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	4C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION	City, town, or county) (State)
Burial 10-1-1966	Good Shepherd		llicott Ci	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	A Jug-	who holes
ECD 20 1055 A	o Co S of the Boundary	F.C. Higinboth	om, Ellicot	t City, Md
VS 150-REV. 1/1/65	2000			

30:00 , remy 7

-0x 5-1-0 21.80% 57167 52.6

G 58

TRAIN QUESTON MARRIED SETTING

Kultugle Hydoma

ERBRITEST AL DE TEMBLE

2 2 12 WE TOO

----

F. Harrischurg, D. Looch Osean a

ABALIE A REPORT OF THE STATE OF

Tribus and Irra-

John B. Warto

	00 00825	BALTIMORE CIT	Y HEALTH DEPARTMENT,		
BIRTH NO.	66 09825	CERTIFICA	ATE OF DEATH	Registered No	66 09825
1. NAME OF DI (Type or Print)		BLEDSOE	2. DATE AN	ND HOUR OF DEATH	6 14:30 PM
3. PLACE OF D	EATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Whe	re deceased lived. II in:	stitution; residence before admission
FULL NAME HOSPITAL O		institution, give street	V - V .	RYLLUD  Itside city limits, write R	URAL ond give township)
ERA	UVIII) SQU	ARE HOSPITAL		MORE	23
36	NEGIT .			rurol, give locotion) -REY ST	
S. SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 29	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most	CUPATION (Give kind of work 10 of working life, even if retired)	$\mu$ o $\mu arepsilon$	WEST UIRGI		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS N	AME SHIPE		14. MOTHERS MAIDEN NAM	MEDILKENS	
15. Was Deceas	ed Ever in U. S. Armed Force:	s? 16. SOCIAL	17. INFORMANT		ADDRESS
No No	wn) (If yes, give wor or dotes	of service) SECURITY NO.	Mrs. Hazel Shi	ne .Rt. 108.El	licott City.Md
1B. , == ()	1 1		OF DEATH	positorizos	INTERVAL BETWEEN
DISE	ASE OR CONDITION DIREC	CYLY	1		ONSET AND DEATH
	LEADING TO DEATH	(1)	DPER T	I BLEC	POING-
	not mean the made of de, asthenia, etc. It means th				
	amplication which coused d		NITRITH	SKAAL (	PRHASIS
1000	ANTECEDENT CAUSES	(B) DUE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20076	1-14/12/3
DISEASES	OR CONDITIONS, if an				
	the above cause (A) s	toling the (C)		) = = = = 4 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =	
ONDEREIT	NG CONDITION 10SI.			A COURS	
E TO THE	II  NIFICANT CONDITIONS CO  DEATH BUT NOT RELATE  OR CONDITION CAUSING IT.				
4.		TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON 208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DEUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		While At Not Wh	ile		
20. 1	t .1 . /1\/.1a 1		1117	9	152/11
		attended the deceased from 7.		19ta	127/66 19
that (I) (w	e) last saw the deceased	alive an	ond th	at in(my) (aur) aplr	nion death accurred on the da
		d abave. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNA	norio R. Ylis		tending Med. ys. Director	Stoll Phys.	Sept. 27, 1966
HO DO	TAMS. (Type) ORIO R. YL	IZARDE Jr. M.D.	23D. ADDRESS FRANKLIN	SQUARE	HOSPITAL
24A. BURIAL C	REMATION, 24B, DATE	24C. NAME of CEMETERY OF CE	REMATORY 24D. L	OCATION (Cit	y, town, or county) (State)
Buria		66 Good Shepherd	E	Illicott City	r,Md
25A. DATE REC	OTD 20 1000	SB. NAME, OF REGISTRAR	25C. FUNERAL DIRECTOR	4 8411 111	chalhory
VS 150-REV. 1/	3EP 3 4 1300 ()	( ) C / Typeopla	F.C. Higinboth	om, Ellicott	City, Md
Y 3 130=KE V. 1/	11 43				

The hamping the falls with the material and the material

A SHIPS WILLIAM AND STATES

Black found Stinger Tem or

CHARRY LEWISHOWS

4/13/20

Acueric & Hayaral -

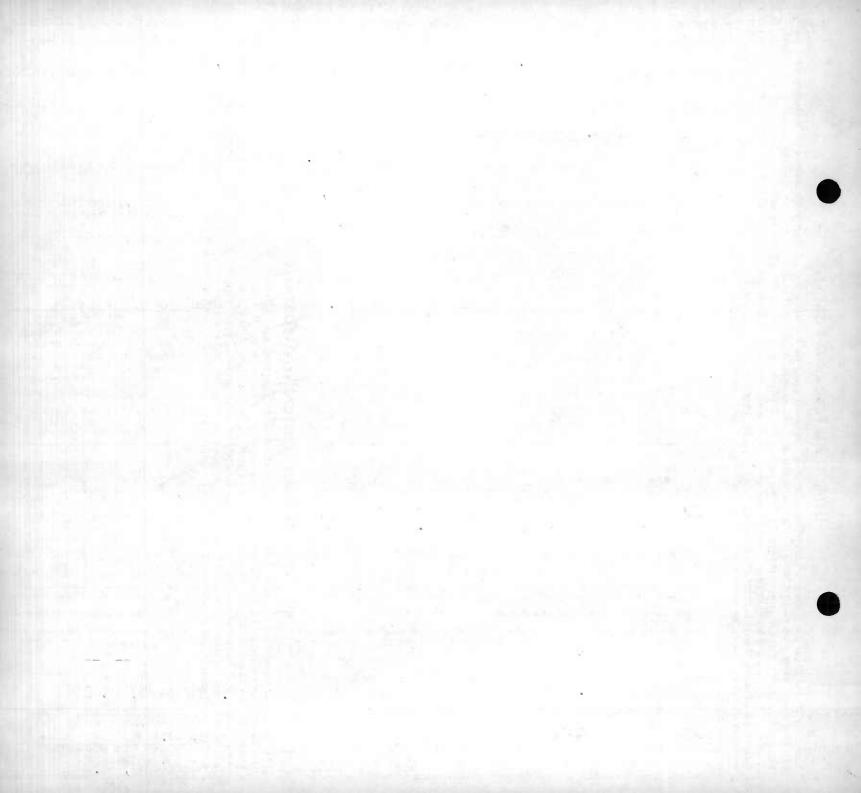
SOURCES MEDICALISM SEE SCHOOL SEE SCHOOL SEEDING

Brundin He A. Budorinina H. C.

5 148 S

a hospital and

	1202 1202 16	BALTIMORE (	CITY HEALTH DEPARTMENT		00 00000
IRTH NO.	66 0982	CERTIFIC	CATE OF DEATH	Registered No	66_09826
AL CASE NO	),	3=11111		AND HOUS OF DOC	
Type or Print)		7 0 / 1		AND HOUR OF DEAT	Н
	folu	F. Drechsler		ept 27,1966	
PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	A. STATE B. COL	here deceased lived. If JNTY	institution: residence before admiss
		and the second	Maryland		
HOSPITAL C		or institution, give stroot			- DIID 41 I - / - A II - A
INSTITUTION	1		Baltimore	outside city limits, write	e RURAL and give township)
	214 S. Payso	on Street			10-03
nD				If rurol, give location)	
90			214 S. Payso	on St	
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
AA a	(11)	WIDOWED, DIVORCED (specify)	7 4 7 4903	lost birthdoy)	Months Doys Hours Mi
Male	Wh	Married	July 7, 1893	13	
		108. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Retir	of working life, even if retired)	Shoe.	Maryland		WHAI COUNTRY
		31000	6		
. FATHER'S N	IAME		14. MOTHERS MAIDEN N	AME	
			E HE MALE TO THE TOTAL		
Was Dass	sed Ever in U. S. Armod For	cos? 16. SOCIAL	17 INFORMACNIT		ADDRESS
	own) (If yes, give wor or dote		17. INFORMANT		ADDRESS
no		220 30 565	8 A Mrs Maria T.	arata Araak	10x 214 5 Date on
18. / =7		CALLS	8 A Mrs. Marie Te	eresa unecro	INTERVAL BETWEEN
1 / /	/ X	CAUS	E OF DEATH	1	ONSET AND DEATH
DISE	EASE OR CONDITION DI	RECTLY	ARCIDOMA O	6 Vo oto	7 11 P3
1	LEADING TO DEATH	(A)		1 /1001/	419 2 9 113
	s not meon the mode of re, osthenio, etc. It meons			1	
	complication which caused		Seonday!	The	2 URS
	ANTECEDENT CAUSES		Deonderay !	Themas	7,4
	ANTECEDENT CAUSES	DUETO	0		i O blade O terband desperant <mark>des</mark> O 10 00 00 00 00 an de deur despens op on an de O 19 00 a de 19 on de 19 00 an de 10 00 an
	OR CONDITIONS, if		1 0.1		
	the obovo couse (A)	sloting the (C)	Samlary		
UNDERLI	ING CONDITION lost.	37. 34.	V		
	SNIFICANT CONDITIONS C				
DISFASE	DEATH BUT NOT RELA				
19A. DATE	OF OPERATION 198 CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES. WER	E FINDINGS CONSIDERED
2	WAS PER	FORMED		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
334 155	PARALE MAIN PROPERTY OF THE PARALE OF THE PA	210 01	1 1010	46.1 6.11	
OR CONTR	DENT WAS UNDERLYING ABUTING CAUSE OF	home, form, foctory, stree	.g., in or obout 21C. WHERE DID	(If in Boltim	nore City, give exect location)
DEATH (no	tify medical examiner	etc.)			
21 D. TIME	(A41L) (P) (V)	(H) 235 (A) (110)	215 110 115 115	Ulliay O Correct	
OF INJURY	(Month) (Doy) (Yeor)		21F. HOW DID II	NJURT OCCUR!	
(APPROX.)		While At Work At V	While		
			101		7/29///
22. I cert	ify that (I) (this haspital	i) attended the deceased fram		ta	1/2/166 19
that (1) (v	ve) last saw the decease	ed alive an $9/27/$	66 19 and	,	pinian death accurred an the
					Principal designation of the
and havr	and from the causes sta	ted abave. (1) (We) (dtd) (did no	it) view the bady after death	1.	
23A. SIGNA					238, DATE SIGNED
	18 Cas	0 - 0 M.D.	Attending Med. Phys. Director	Stoff Phys.	9-27-66
	10 Ca	i i		Phys.	/ -/ 00
23C. PHYSIC	CIAARC		23 D. ADDRESS		
ITAIVIE	(Type) A. Calc	7S	A.D. 6411 Frederic	ck Rd. Balt	imore, Md. 28
44 8115141					
A. BURIAL C	CREMATION, 248 DATE	24C. NAME of CEMETERY of	CREMATORY 24D.	LOCATION	(City, town, or county) (Stat
Burial.	10=1=19	166 New Cathedral	om	Raltimora M.	d
				Baltimore, Mo	
A. DATE KEC	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	SEP 3U 196	8 A. Donato E. Frankey	Thomas & K	enry Inc Bal	timore. Md.
S 150-REV. 1	/1/65				



0 0 7	Type or Print)  PLACE OF DI	LTO	NEL BURGESS	4. USUAL RESIDENCE (W		f institution; residence before o
000	FULL NAME HOSPITAL OR	OF (If not in hospital oddress or location	l or institution, give street	Maryland	Name to the state of the	Howard
cause; (5) attendan ior to de	INSTITUTION			Ellicott	City	te RURAL and give township)
ha .	48 Maj	ryland Genera	1 Hospital		If rurol, give locotion)  derick Rose	4
00 0	. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
# p - p	OA. USUAL OCC one during most of Retired	CUPATION (Give kind of wo if working life, even if retired)	rk 108, KIND OF BUSINESS OR INDUSTR	Ellicott Cit	by Md	12. CITIZEN OF WHAT COUNTRY?
(4) U was the ispos	3. FATHERS NA			14. MOTHER'S MAIDEN N	AME	
9 # 5 P	5. Was Decease	win E.Burgess		Rosetta 17. INFORMANT	Betts	ADDRESS
dec nce fina	No	vn) (If yes, give war or da	security No.	Mrs. Lenna Rur	roes .558 Fr	rederick Road, E
700	18.42	0, 1	24 2	OF DEATH		INTERVAL BETW
of an unce tend ed o	DISEA	ASE OR CONDITION D	THE CITE I	mary arter	acollis	
atte m		not mean the mode o	d dying, e.g., 3 SUE TO	ovari a wa	1 occurrence	a moran
pro pro		, asthenio, etc. It meon mplicotian which couse		0 1	/	
fra gel e		ANTECEDENT CAUSE	S BUE TO	~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	· · · · · · · · · · · · · · · · · · ·	
4 3 5 5		OR CONDITIONS, if	- Lal			
(3)		he obove couse (A) IG CONDITION lost,	stating the	***************************************		
ns; (cia		11	5 3 2			
E S ≯ E	OTHER SIGN TO THE DISEASE OF	DEATH BUT NOT REL	CONTRIBUTING CONTRIBUTING			none.
	DISEASE OF	CONDITION CAUSING	IT. THE TOTAL TOTA	20A. AUTOPSH (Yes or	No) 208. IF YES. WE	RE FINDINGS CONSIDERED
7 0 0	U 19A. DATE O		RFORMED	()6	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
icio de la	19A. DATE O	WAS PE	· ·	108		
2) Body re the p physicia fore the	19A. DATE O	ENT WAS UNDERLYING	home, form, factory, street,	in or about 21 C. WHERE DID	(If in Boltin	more City, give exact location)
re; (2) Body where the p No physicial before the	19A. DATE O	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner	etc.)			more City, give exact location)
ature; (2) Body of where the p (6) No physicia ned before the	21A. ACCIDIOR CONTRIB DEATH (notif) 21D. TIME OF INJURY	ENT WAS UNDERLYING	etc.)  (Hour) 21E, INJURY OCCURED  While AI Not Whi	21F, HOW DID II		more City, give exact location)
r nature; (2) Body cept where the p nd (6) No physicia	19A. DATE O	ENT WAS UNDERLYING SUTING CAUSE OF fy medical examiner (Manth) (Day) (Year	etc.)  21 E. INJURY OCCURRED  While AI Not White At Work	21F, HOW DID II	NJURY OCCUR?	
any nature; (2) Body (except where the p and (6) No physicia obtained before the	19A. DATE O	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examinen (Manth) (Day) (Year)	etc.)  (Hour) 21 E. INJURY OCCURRED  While AI Not White At Work  At Work  At Work	21F, HOW DID II	NJURY OCCUR?	left 27 19
of any nature; (2) Body al (except where the p th); and (6) No physicia be obtained before the	19A. DATE O 21A. ACCIDION CON CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (week)	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner  (Month) (Day) (Year  y that (1) (this hospital b) last saw the decease	(Hour) 21 E. INJURY OCCURRED  While AI Not White At Work  At Work  al) attended the deceased fram  sed alive an	21F. HOW DID II	NJURY OCCUR?	
of any nature; (2) Body tal (except where the p th); and (6) No physicia t be obtained before the	19A. DATE O  21A. ACCIDION OR CONTRIB DEATH (notified of Injury) (APPROX.)  22. I certified that (I) (we and hour are	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)  (Manth) (Day) (Year year)  y that (1) (this hospita year) last saw the decease and fram the causes sta	etc.)  (Hour) 21 E. INJURY OCCURRED  While AI Not White At Work  At Work  At Work	21F. HOW DID II	NJURY OCCUR?	19 19 apinlan death accurred an
ident of any nature; (2) Body nospital (except where the p death); and (6) No physicia must be obtained before the	19A. DATE O 21A. ACCIDION CON CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (week)	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)  (Manth) (Day) (Year year)  y that (1) (this hospita year) last saw the decease and fram the causes sta	while AI Not White At Work At	21F, HOW DID II	NJURY OCCUR?  19 60 ta fathat in (my) (aur) co	left 27 19
ccident of any nature; (2) Body a hospital (except where the p to death); and (6) No physicia al must be obtained before the	19A. DATE O  21A. ACCIDION OR CONTRIB DEATH (notified of INJURY) (APPROX.)  22. I certified that (I) (we and hour or 23A SIGNAT	ent was underlying summer Cause of fy medical examiner (Month) (Day) (Year of the first saw the decease and fram the causes stored and saw the decease of fram the causes stored and saw the decease of fram the causes stored and saw the decease of fram the causes stored and saw the decease of fram the causes stored and saw the decease of fram the causes stored and saw the decease of the fram the causes of the fram the causes of the fram the cause of the fram the causes of the causes of the fram the cause of the fram the causes of the fram the causes of the	while AI Not White At Work At	21F, HOW DID II	NJURY OCCUR?	19 19 apinlan death accurred an
ccident of any nature; (2) Body to hospital (except where the p to death); and (6) No physicial must be obtained before the	19A. DATE O  21A. ACCIDION 21A	ent was underlying suting Cause of fy medical examiner)  (Manth) (Day) (Year)  y that (1) (this hospital) last saw the decease and from the causes stated the same of the same	etc.)  (Hour)  21 E. INJURY OCCURRED  While AI Not Whi Work  At Work  al) attended the deceased fram  sed alive an Current  ated abave. (I) (We) (dd) (did nat)  M.D. At Ph	21F. HOW DID II	njury occur?  19 60 ta fathat in (my) (aur) of that in (my)	apinlan death accurred an 238. Ofte SIGNED Seff 28,
An accident of any nature; (2) body  A. at a hospital (except where the p prior to death); and (6) No physicia  pproval must be obtained before the	19A. DATE O  21A. ACCIDION 21A. ACCIDION 21A. ACCIDION 21A. ACCIDION 21A. TIME 21D. TIME OF INJURY (APPROX.)  22. I certifithat (I) (we and hour or 23A. SIGNAT 23A. SIGNAT 23A. SIGNAT 23A. SIGNAT 23A. SIGNAT 23A. SIGNAT	ent was underlying sumng Cause of fy medical examiner)  (Month) (Doy) (Year of the first saw the decease of fram the causes stored from t	etc.)  (Hour)  21E. INJURY OCCURRED  While AI  Not White At Work  At Work  all) attended the deceased fram  sed alive an  Attended from the deceased fram  attended abave. (1) (We) (dyd) (did nat)  M.D. Attended  M.D. M.D. Attended  M.D. M.D.	21F. HOW DID II  24 19 24 and  view the bady after death  tending Med. pirector  23D. ADDRESS  111 Columbia F	NJURY OCCUR?  19 60 ta 6 that in (my) (aur) of the staff phys.   Road, Ellico	19/1 27 19 apinlan death accurred an 238. The SIGNED 238. The SIGNED 24/1 25,
An accident of any nature; (2) Body A. at a hospital (except where the p prior to death); and (6) No physicia pproval must be obtained before the	21A. ACCIDION OR CONTRIBUTION OF INJURY (APPROX.)  22. I certifithat (I) (we and hour are 23A. SIGN) T  23C. PHYSICI NAME (R.)	ent was underlying sumng Cause of fy medical examiner)  (Month) (Doy) (Year of the first saw the decease of fram the causes stored from t	etc.)  21 E. INJURY OCCURRED  While AI  Not White At Work  At Work	21F. HOW DID III  24 19 24 and  view the bady after death  tending Med. pirector  23D. ADDRESS  111 Columbia F	NJURY OCCUR?  19 60 ta 6 that in (my) (aur) of the staff phys.   Road, Ellico	238. Of TE SIGNED 238. Of TE SIGNED 238. Of TE SIGNED 25, tt City, Md (City, town, or county)

Ago what wall of the

84 80F1, 1 st.1-

nois all section and Mayota of molific

First dollars 100E, amount count of the

Epines & Marie J.

never the ever of the sale of the fact that

A Principle of the Prin

sales of the

BALTIMORE CITY HEALTH DEPARTMENT

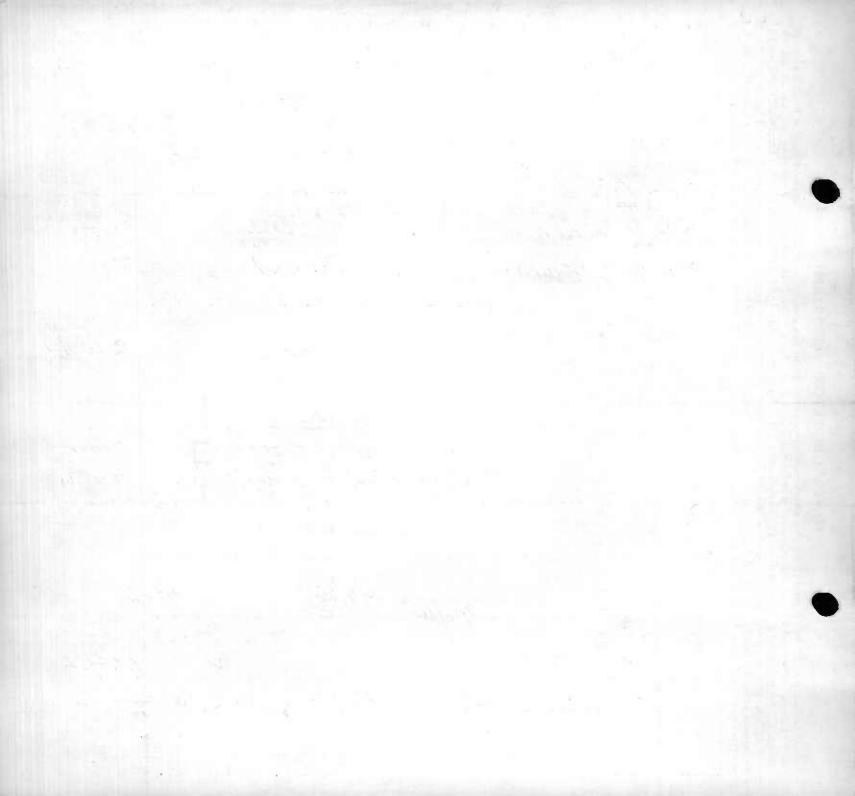
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

IRTH NO. MEDICAL EXAMINER?	S CERTIFICATE OF DEATH Registered No 1000
A.E. CASE NO.	
. NAME OF DECEASED Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
WALTER JOHNSON	September 25, 1966   1:55 A M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	Maryland
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	C. CITY OR TOWN III outside corporate limits write RURAL and give township)
NSTITUTION	Baltimore 20-00
Lutheran Hospital	D. STREET ADDRESS (If rurol, give location)
40	2208 W. Lexington Street
SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
Mala Coloned WIDOWED, DIVORCED (specify)	8-25-1907 lost birthdoy Months Doys Hours Min.
Male Colored MArried  OA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INI	
one-during most of working life, even if retired)	WHAT COUNTRY?
Track Foreman B+O KAILTO	
SFATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES JOHNSON	EsAbelle BOARdley ADDRESS
5. WAS DECEASED EVER IN U.S. ARMED FORCES?  'es, no or unknown  Ilf yes, give wor or dotes of service)  16. SOCIAL  SECURITY NO.	
2/0 - 705.07.6	4087 MRS LAURA Johnson - BAlto. Mel
]18.	CAUSE OF DEATH INTERVAL BETWEEN
-100 A	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ranio-cerebral Injuries
(This does not meon the mode of dying e.g., heart foilure, asthenia, etc. It means the disease.	anto cerebrar injuries
injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING (8)	0
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
- (6)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	Yes Yes
	Y (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) street, office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH. etc.) Street	Rear of 405 Franklin town Road
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	
(APPROX.) Contembor 17/6610:55while AT	NOT WHILE APPARENTLY fell during an assault
September 1//66 p m. WORK	At work Apparently fell during an assault
I certify that I held an Inquiry Inspection	Autapsy and that an this basis, death in my apInlan
resulted fram: Natural causes Accident	Sulcide Hamicide V Undetermined manner
P.A.	CHIEF MEDICAL EXAMINER
ACTUAL ACTUAL	DATE SIGNED
SIGNATURE EXAMINER'S Duding Brooks and Inches	ACCOCIATE MEDICAL EVAMINED
NAME (Type) Rudiger Breitenecker	associate medical examiner 9/25/66
3A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMI	ETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Q-28-61 C+ 111	. 1 A : L
AA. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR	(es Cemetery Dykesville MC)- [24C. FUNERAL DIRECTOR ADDRESS /
K-1 11 - 2 11 - 2 11 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 1 - 2 1 1 1 1	M. W. J. J. J. J. ADDRESS
The state of the state of the state of	HAMMY TU. HOLANT SUKEDININ THE
the state of the s	1 with the same of

IMPORTANI

DIRECTOR:

FUNERAL



THE CASE NO.  ITAME OF DEFEATER		CC 0000 BALTIMORE CITY	Y HEALTH DEPARTMENT GG 13000
LANDER OF CONTRIBUTION   LANDER OF CONTRIBUT	-	H NO. 66 09830 CERTIFICA	ATE OF DEATH Registered No. 66 0983
ARCOPTED IN SECURITY IN SECURI			2. DATE AND HOUR OF DEATH
J. FLACE OF DEATH IN WARD OF CONDITION DIRECTLY LEADING TO DEATH  THE NAME OF CONDITION DIRECTLY LEADING TO DEATH  The DEATH CONDITION SHOws by giving inse to the observation which considerable of the observation of the ob		e or Print)	9 10 1/2 1 5 - 1
THE NAME OF INCOMPLACE OF STREET ADDRESS OF CONDITION DIRECTLY  TEACH OF DEATH SUL NOT GLASS OF CONDITIONS CONTRIBUTING  DISCASE OR CONDITION DIRECTLY  TEACH OF DEATH SUL NOT SELECTED THE STREET ADDRESS OF CONDITION SURFACE OF SECURITY DIRECTIONS CONTRIBUTING  DIRECT CONTRIBUTIONS CONTRIBUTING  TO THE SCHIMCAN TO CONTRIBUTING OF THE SCHIMCAN SUL NOT SELECTED THE SCHIMCAN SUL NOTICE S	3. P		USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss
NOSPITAL OR oddiess or location)  NOSPITAL OR OF IT OF The Objects of Location of Management of Mana			A. STATE B. COUNTY
NSTIUTION  The property of the control of the contr			3543 Duden AVE. 13
Markey   M	H	STITUTION oddress or locotion)	C. CITY OR TOW (If outside city limits, write RURAL and give township)
Markey   M			Balta Md.
WIDOWED, DIVORCED Especify  IDA USUAL OCCUPATION (Give kind of word 106. EIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Sinte or loring country)  Typ1st  Typ1st  Finance Corp. of America Baltimore, Md.  U.S.A.  II. MOTHERS NAME  III. MOTHERS NAME  III. MOTHERS NAME  III. MOTHERS NAME  III. MOTHERS AND N	2	7 11	D. STREET ADDRESS (M rurbl, give location)
WIDOWED, DIVORCED Especify  IDA USUAL OCCUPATION (Give kind of word 106. EIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Sinte or loring country)  Typ1st  Typ1st  Finance Corp. of America Baltimore, Md.  U.S.A.  II. MOTHERS NAME  III. MOTHERS NAME  III. MOTHERS NAME  III. MOTHERS NAME  III. MOTHERS AND N		Meter Anglital	200
WIDOWED, DIVORCED (specify)  Industrial Court and Court	5. SI	EX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years If Under 1 Yr. If Under 24
IDA DECOUPATION (Give kind of wead IDE KIND OF BUSINESS OR INDUSTRY ID. BIRTHFLACE (Sinde or foesign country)  Typ 1st  Typ 1st  Typ 1st  Typ 1st  To Anne Corp. of America Baltimore, Md.  U.S.A.  12. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MADEN NAME  15. West Decound See in U.I.1 Anned forcest  16. SOCIAL  17. INFORMANT  18. DISEASE OR CONDITION DIRECTLY  18. DISEASE OR CONDITION DIRECTLY  18. DISEASE OR CONDITIONS, if only, giving isse to the above course (A) stelling the UNDERLYING CONDITIONS, if only, giving isse to the above course (A) stelling the UNDERLYING CONDITION SEELATED TO THE UNDERLYING COURSE OF DEATH?  17. DISEASE OR CONDITION SEELATED TO THE UNDERLYING COURSE OF DEATH?  18. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID INJURY COURSE OF DEATH?  19. DISEASE OR CONDITION SEELATED TO THE UNDERLY COURSE OF DEATH?  19. DISEASE OR CONDITION SEELATED TO THE UNDERLY COURSE OF DEATH?  19. DISEASE OR CONDITION SEELATED TO THE UNDERLY COURSE OR THE UNDERLY COURSE OF DEATH?  19. DISEASE OR CONDITION SEELATED TO THE UNDERLY COURSE OR THE UNDERLY COURSE OF DEATH?  19. DISEASE OR CONDITION SEELATED TO THE UNDERLY COURSE OR THE UN		WIDOWED, DIVORCED (specify)	lost birthdoy) Months Doys Hours Mil
done during metal of working life, evan if reliated Typis to Timance Corp. of America Baltimore, Md. U.S.A.  13. Fathers Name  Drenned:  14. MOTHERS MADEN NAME  15. West Decorated for in U.S. American dolers of service)  15. West Decorated for in U.S. American dolers of service)  16. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  17. INFORMANT  OISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  18. DISEASE OR CONDITIONS of dying, e.g., then disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving mas to the above cause (A) stoling the UNDERTING CONDITION tost.  TO THE SCHIRGANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (198. CONDITION) for which Operation Visa report of the Condition Couls and the May reproduced to the Condition Couls and the Couls of Oracling Condition Couls and the Couls of Oracling Condition Couls and the Couls of Oracling Condition Couls of Oracling Conditions Couls and the Couls of Oracling Conditions Couls and the Couls of Oracling Conditions Couls of Oracling Conditions Couls and the Couls of Oracling Conditions Couls and Conditions Couls and Oracling Conditions Couls and Conditions Couls and Oracling Conditions Couls and Oracling Couls of Oracling Coul	-43		
Typist    September   Corp. of America   Baltimore, Md.   U.S.A.     September   Corp. of America   Corp. of America   I.A.     September   Corp. of America   I.A.   MOTHER'S MAIDEN NAME     September   Corp. of America   I.A.   MOTHER'S NAME			11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
IS. WES DECORATED BY THE STANDER NAME  IS. WES DECORATE OF CONDITION DIRECTLY  LEADING TO DEATH  TOSEASE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not mean the mode of dying, e.g., head follow, osherio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving inse to the observe cause (A) stating the UNDERTING CONDITION (S).  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION (S).  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONTRIBUTION (S).  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONTRIBUTION (S).  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONTRIBUTION (S).  III OTHER SIGNIFICANT CONDITION (S).  III OTHER SIGNI			rica Baltimore Md II S A
15. Wes Deceased Saw in U.I.S. Amed doceses (Testine or unknown) (If yes, give wer of doles of service)  10. 219-10-1385    Villiam A. Sieber, Husband, 3513 Dudley Av. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	13. F		
15. West Deceased Ever in U.S. Armed Forces:   10. S. Armed Forces:   17. INFORMANT   18.   19.		01 1 0	T
Testing or or which well (if yes, give wor of dates of service)   SECURITY No.			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., head foliur, ostherin, etc.) Il meens the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving inse to the obove cause (A) stoling the UNDERLYING CONDITION lost.  20  UNDERLYING CONDITION SOLUTION OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  21 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  22 OF DEATH MORE MEDICAL CAUSE OF THE DISEASE OR CONDITION CAUSING IT.  23 A. AUCCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSING IT.  24 OF DEATH MORE MEDICAL CAUSE OF THE DEATH OF THE DISEASE OR CONDITION CAUSING IT.  24 OF DEATH MORE MORE MEDICAL CAUSE OF THE DEATH	15. V		17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head foliuse, e.s. the mode of dying, e.g., injury or camplication which coused death,)  DISEASE OR CONDITIONS, if ony, giving itse to the obove cause (A) stating the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CAUSING IT.  19 A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 198. ALL TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE OCCURRENCE OF INJURY (e.g., in or obout 121C, WHERE DID OCCURRENCE ON SOURCE OF INJURY (e.g., in or obout 121C, WHERE DID (If in Bolismore City, give exact locoson) and contributing College of the death of the	1.03		T11771 A C1 1 T7 1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head foilure, osthenic, etc., li means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION 200. BY YES, WERE FINDINGS CONSIDERED WAS PERFORMED  AS DISEASE OR CONDITION TOR WHICH OPERATION 200. BY YES, WERE FINDINGS CONSIDERED WAS PERFORMED  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION 200. BY YES, WERE FINDINGS CONSIDERED WAS PERFORMED  AS DISEASE OR CONDITION COUNTRIBUTING CAUSES OF DEATH' (If in Bolismore City, give exact locosion) convenience of the certification of the certificat			
LEADING TO DEATH  (This does not mean the mode of dying, e.g., head follow, called in means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving isse to the obove cause (A) stating the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TOR CAUSING IT.  19-A. DATE OF OFFERATION 1986, CONDITION FOR WHICH OFFERATION 20-A. AUTOPSY? If es or No. 2086. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?  27.A. ACCIDENT WAS PREFORMED OF CONTRIBUTING CAUSE		4731	ONSET, AND DEATH
(This does nat mean the mode of dying, e.g., head foliure, osthemic, etc. Il means the disease, injury of complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving rise to the obove cause (A) staling the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  OTHER DISTANCE OR CONTRIBUTING TO THE DISTANCE OR CONTRIBUTING TO THE DISTANCE OR CONTRIBUTING CAUSE OF DEATH RESPONDED  27.A. ACCIDENT WAS UNDERLYING WAS PERFORMED  OF INJURY OCCUR?  ALL OF INJURY OCCUR?  OF INJURY OCCUR			aland Shaling Hung
heal follure, osthenio, etc. II means the disease, injury or camplication which coused death.]  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISTATE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  OTHER DISTATE BUT NOT RELATED TO THE DISTATE OR CONTRIBUTING TO THE DISTATE OR CONTRIBUTING CAUSE OF DISTANCE OR CONTRIBUTING CAUSE OF DISTANCE OR CONTRIBUTING CAUSE OF DISTANCE OR CONTRIBUTING CAUSE OF DEATH?  DISTANCE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  DISTANCE OF OPERATION PIPS. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  DISTANCE OF OPERATION PIPS. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Tes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  DISTANCE OF CONTRIBUTING CAUSE OF DEATH?  DISTANCE OF CONTRIBUTING CAUSE OF DISTANCE OF OPERATION PIPS. CONTRIBUTING CAUSES OF DEATH?  DISTANCE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSES OF DEATH?  DISTANCE OF CONTRIBUTING CONTRIBUTING CAUSES OF DEATH?  DISTANCE OF CONTRIBUTING CONTRIBUTING CAUSES OF DEATH?  DISTANCE OF CONTRIBUTING CAUSE		(A) C	erepital ambolism Tues
injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stading the UNDERLYING CONDITION (S.)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSINGT (TO THE DISEASE OR CONDITION CAUSINGT)  PART DISEASE OR CONDITION TO AUSINGT (TO THE DISEASE OR CONDITION CAUSINGT)  21A. ACCIDENT WAS UNDERLYING AND CAUSE OF DEATH (Indit) medical examined home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City, give exact location) home, farm, factory, steet, office bidg. (MIJURY OCCUR? (If in Baltimore City,			
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION tost,  There significant conditions contributing to the Disease or conditions contributing to the part with the			in Alval Challeting think
DISEASES OR CONDITIONS, if ony, giving isse to the above cause (A) stating the UNDERLYING CONDITION to 1.  ON THE DEATH BUT NOT RELATED TO THE DISTASS OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASS OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR?  OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  OF INJURY (APPROX.)  22L. I certify that (I) (This hospital) attended the proceed from the ond hour and from the causes stored above. (I) (Ye) (did) (did not) view the bady after death.  23A SUBMATURE  M.D. Attending Med. Stoff Phys. (City, lown, ar county) (Stern REMOVAL (Specify))  Burizal 10/1/66 Holy Redeemer Cemetery Baltimore, Md.  25A. DATE RECOD BY HEALTH DEPT. 25B. NAME OF REGISTRAR SCHIMMENE Fumeral Home, Inc.		ANTECEDENT CAUSES	MATTAL AUTHANIA TY12
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISTANS OR CONDITION CAUSMG IT.  1974. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. 1974. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 198. CONDITION CAUSE OF DEATH (Inchist) medical examined to the form, form, fortory, street, office bldg, injury occurred to the form, f		17	
THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERD WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 10B. CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (noshly mediced examined)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Wille AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Wille AI Not While (APPROX.)  22. Certify that (I) (this hospital) attended the deceased from 19 00 and that In(my) (dur) opiniun death occurred an the and hour and from the causes stojed above. (II) (Ye) (did) (did not) view the bady after death.  23C. PHYSICIANS NAME (Type)  A. D. Attending Med. Director Phys. (City, town, or county) (Ste Remarder)  23C. PHYSICIANS NAME (Type)  A. D. Attending Med. Director Phys. (City, town, or county) (Ste Remarder)  23C. PHYSICIANS NAME (Type)  A. D. Attending Med. Director Phys. (City, town, or county) (Ste Remarder)  23C. PHYSICIANS NAME (Type)  A. D. Attending Med. Director Phys. (City, town, or county)  Burizal 10/1/66 Holy Redeemer Cemetery Baltimore, Md.  25C. FUNRAL DIRECTOR THEALTH (DEFT). 25B. NAME OF REGISTEAR Schilmure K Funeral Home, Inc.			entensive vardiovascualities. Turs
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  174. DATE OF OPERATION 175. CONDITION FOR WHICH OPERATION 175. DATE OF OPERATION 176. CONSIDERED 177. DATE OF OPERATION 177. DATE OF OPERAT		UNDERLYING CONDITION IOSI.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20A. AUTOPSY? (Yes or No!) 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21D. TIME OF INJURY (APPROX.) 22D. ADDRESS NAME OF INJURY (APPROX.) 22D. ADDRESS NAME (Time OF INJURY (APPROX.) 22D. ADDRESS NAME (Time OF INJURY (APPROX.) 22D. ADDRESS NAME (Time OF INJ	_[	11 thich	itis (18) I.B. HVVS
DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CREATED IN CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exact locotion) home, form, foctory, street, office bldg, INJURY OCCUR?  DISEASE OR CONDITION COURSED  While At Work At Work At Work INJURY OCCUR?  DISEASE OR CONDITION COURSED  While At Work At Work INJURY OCCUR?  DISEASE OR CONDITION COURSED  While At Work At Work INJURY OCCUR?  DISEASE OR CONDITION COURSED  While At Work At Work INJURY OCCUR?  DISEASE OR CONDITION COURSED  While At Work At Work INJURY OCCUR?  DISEASE OR CONDITION COURSED  While At Work At Work INJURY OCCUR?  DISEASE OR CONDITION COURSED  While At Work At Work INJURY OCCUR?  DISEASE OR CONDITION COURSED  While At Work At Work INJURY OCCUR?  DISEASE OR CONDITION OCCUR?  DISEASE	ō		
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID ((f in Baltimore City, give exact locotion) home, farm, factory, street, office bldg., INJURY OCCUR?  DEATH (noisity medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED DID ((f in Baltimore City, give exact locotion) home, farm, factory, street, office bldg., INJURY OCCUR?  While At Not While   21F. HOW DID INJURY OCCUR?  While At Wark   Not While   19	AT	DISEASE OR CONDITION CAUSING IT.	SOTIVE MEAN FALLULY SWES
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID ((f in Baltimore City, give exact locotion) home, farm, factory, street, office bldg., INJURY OCCUR?  DEATH (noisity medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED DID ((f in Baltimore City, give exact locotion) home, farm, factory, street, office bldg., INJURY OCCUR?  While At Not While   21F. HOW DID INJURY OCCUR?  While At Wark   Not While   19	FI DI		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  DEATH (n	8		
DEATH (notify medical examiner)  21D. TIME OF INJURY (APPROX.)  22L Certify that (I) (this haspital) attended the receased from 19 00 to 19 00 to 19 00 that (I) (this haspital) attended the receased from 19 00 and that In(my) (dur) opinium death occurred an the and hour and from the causes stated above. (I) (We) (did) (did not) view the bady after death.  23d. SIGNATURE  A.D. Attending Med. Director Phys. 23B. DATE 24C.NAME of CEMETERY or CREMATORY  24A. BURIAL CREMATION, 28B. DATE 24C.NAME of CEMETERY or CREMATORY  25D. ADDRESS  M.D. Baltimore, Md.  25D. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR ADDRESS  Schimunek Funeral Home, Inc.	Ū	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in the state of the state	in or about 21 C. WHERE DID ((f in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.)  21D. TIME OF INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?	4		
While At Work  22. I certify that (I) (this hospital) attended the deceased from  19		21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCUPRED	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the recessed from 19 00 to 19 00 to 19 00 that (I) (we) lost saw the deceased alive an 19 00 and that In(my) (dur) opinium death occurred an the and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady after death.  23A SIGNATURE  M.D. Attending Med. Staff Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  M.D. Attending Med. Director Phys. 23B. DATE SIGNED  23B. DA	2	OF INJURY	
that (I) (we) lost saw the deceased alive an			
that (I) (we) lost saw the deceased alive an		22. I certify that (1) (this hospital) attended the deceased from	8736/66 1966 10 7/20 196
and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.  23A_SIGNATURE  M.D. Attending Med. Staff Director Phys. 228/66  23D. ADDRESS  NAME (1) pe)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCKTION (City, town, or county)  Burial 10/1/66 Holy Redeemer Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 28C. FUNERAL DIRECTOR SChimunek Funeral Home, Inc.		0198	19 66 and that In(my) (Jury phintum death account on the
23A SIGNATURE  M.D. Attending Med. Director Stoff Phys. 2866  23C. PHYSICIAN'S NAME (Type)  Phys. 23D. Address  M.D. Moc. Director Phys. 23B. DATE 24C. NAME of CEMETERY or CREMATORY  24A. BURIAL CREMATION, 23B. DATE 24C. NAME of CEMETERY or CREMATORY  24D. Location (City, town, or county) (Store Burial 10/1/66 Holy Redeemer Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR Md. Address Schimunek Funeral Home, Inc.			
M.D. Attending Med. Director Phys. 28/66  23C. PHYSICIAN'S NAME (T)pe)  24A. BURIAL CREMATION, 23B. DATE 24C. NAME of CEMETERY of CREMATORY  24D. Location  (City, town, or county)  Burial  10/1/66 Holy Redeemer Cemetery  Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  Schimunek Funeral Home, Inc.			
Phys. Director Phys. A 20/66  23C. PHYSICIAN'S NAME (T):pel Red Control Phys. A 20/66  24A. BURIAL CREMATION, 23B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. Location (City, town, or county) (Stematory Burial 10/1/66 Holy Redeemer Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.			
23D. ADDRESS  NAME (1) pe)  24A. BURIAL CREMATION, 23B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCKTION (City, town, or county) (Storm 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   25C. FUNERAL DIREC	4	M.D. AH Phy	lending Med. Staff. Phys. A 4/28/66
Burial 10/1/66 Holy Redeemer Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.			
24A. BURIAL CREMATION, 23B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Sterematory Burial 10/1/66 Holy Redeemer Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.			Many Alasactel
Burial 10/1/66 Holy Redeemer Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   25C. FUNERAL		MICHAELICAUT	MORY MORINA
Burial 10/1/66 Holy Redeemer Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY (24D. LOCATION (City, town, ar county) (Sto
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR Schimunek Funeral Home, Inc.		1. 1.1.1	emetery Raltimore Md
SEP 30 1946 ( C. J. 2 Fallenta Schimunek Funeral Home, Inc. 3331 Brehms Lane #13			
3331. Brehms Lane #13		AND A A	Schimunek Funeral Home, Inc.
VS 150-REV. 1/1/65			13331 Brehms Lane #13

Philip Bommer water and -

and

hospital

accurred

eath

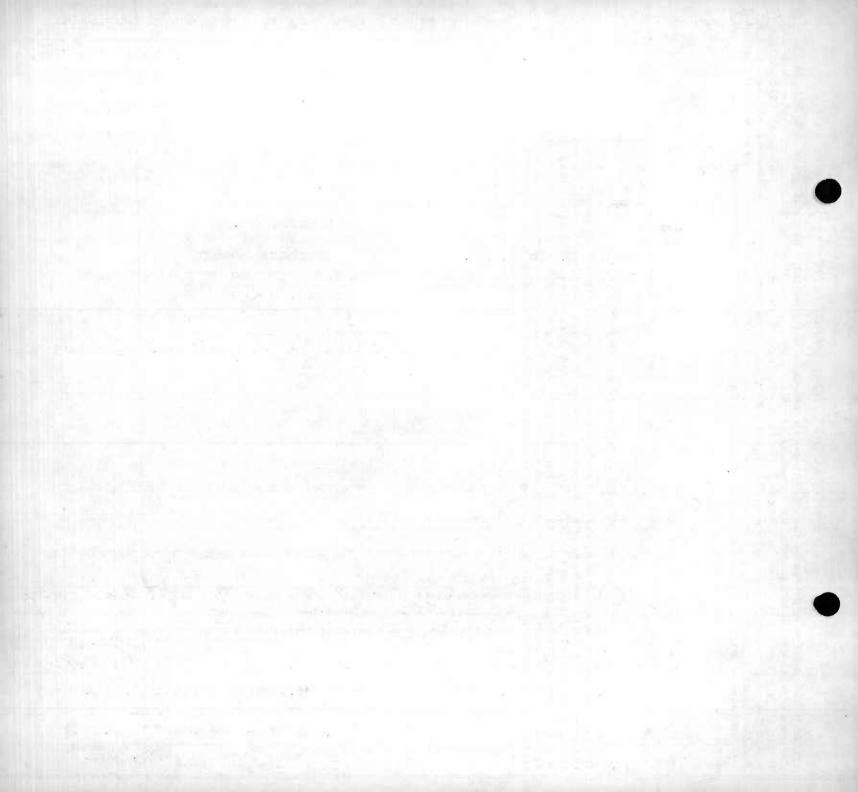
IMPORTANT

DIRECTOR:

FUNERAL

by

approved



VS 150-REV. 1/1/65

BIRTH NO.

M.E. CASE NO.

VS 150-REV. 121/65

Such

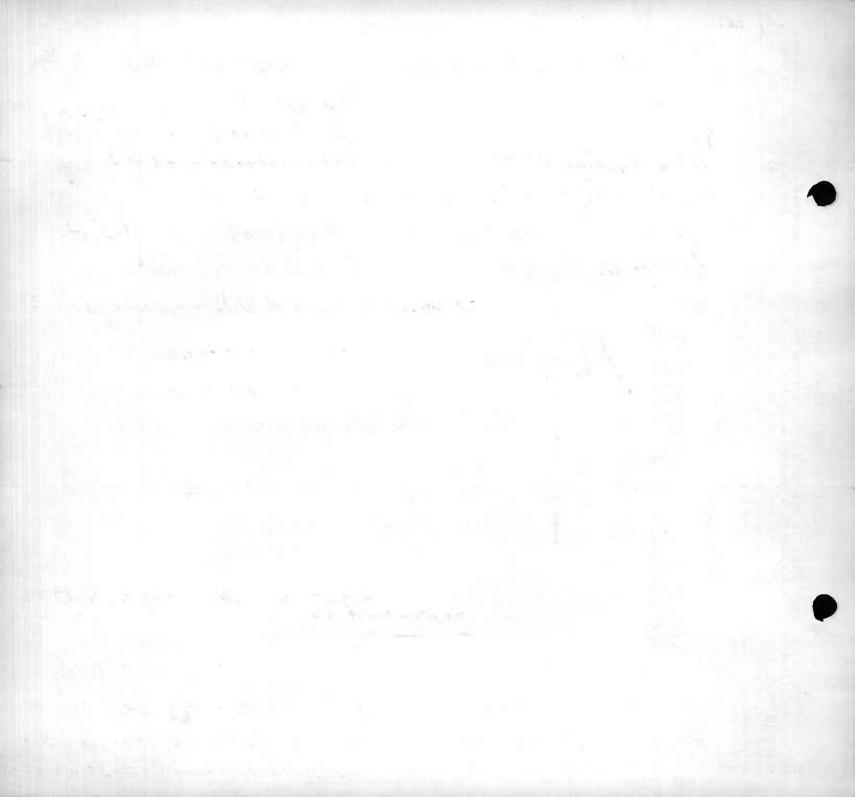
000	BALTIMO	RE CITY HEALTH D	EPARTMENT			66	098	2.3
833	CERTI	FICATE OF	DEATH	Reg	istered No		000	00
			2. DATE A	ND HOU	R OF DEAT	н		
Irs Margaret	Evans		5	ept.	27th	-1960	3:25	
MORE MARYLAND		LATISII A	PESIDENCE (Wh.	are decen	end lived If	institutions tonic	tones before	a duni a

NAME OF DECEASED		2. DATE AND HOUR OF DEAT	"
DEMPSEY, Mrs Mar	garet Evans	Sept. 27th	-1964 3:25 P
PLACE OF DEATH IN BALTIMORE, MAI	RYLAND	Sept. 27th  4. USUAL RESIDENCE (Where deceased fived, II A. STATE B. COUNTY	institution; residence before admission
FULL NAME OF (If not in hospital	or institution, give street	MARYLAND	
HOSPITAL OR oddress or location INSTITUTION	)	C. CITY OR TOWN (If outside city limits, write	e RUPAL and give township)
	EMORIAL HOSPITAL	BALTIMORE	1209
1000 S.Ca	ton Ave.	D. STREET ADDRESS (If rural, give location)	
	Md. 21229	20 E 26+1 C	22020
	7. MARRIED, NEVER MARRIED	32 E. 26th S	
F. White	widowed Divorced (specily)	Mar. 19, 1876  9. AGE (In yeors lost birthdoy) 90	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
Housewife	Home	Baltimore	WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Boulder	Evans	Margaret O'Brien	
Was Deceased Ever in U. S. Armed Ford		17. INFORMANT	ADDRESS
s, no or unknown) (II yes, give wor or dotes	s of service) SECURITY NO.	MEDICA RECORDS ROOM	M
	214 12 967	79	W.L
1B. # 4	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY		ONSET AND DEATH
LEADING TO DEATH		leaurie-	months
(This does not mean the made of	dying, e.g., DUE TO		monco
heart failure, asthenia, etc. It means	the disease,	ephrosclerosis.	
injury ar camplication which caused	dealh.)	aster rolongia	1100115
ANTECEDENT CAUSES	(B) DUE TO	Eprio 161610313	y eqv3
DISEASES OR CONDITIONS, if a	any, giving		
rise la lhe abave cause (A)			
UNDERLYING CONDITION last,			
ll l			
OTHER SIGNIFICANT CONDITIONS CO		10001	
TO THE DEATH BUT NOT RELATED ISEASE OR CONDITION CAUSING IT		Levote Knot declare	Menn
19A. DATE OF OPERATION 19B. CONT	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WEI	E FINDINGS CONSIDERED
WAS PERF	FORMED	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTILIBY (2.2	is at about 21 C WHERE DID (It is B-bi-	City of the city o
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner		office bldg., INJURY OCCUR?	nore City, give exact location)
21 D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21E HOW DID INJURY OCCUR?	
OF INJURY		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED  While AI Not Will Work AI Wo	hile	
OF INJURY (APPROX.)	While AI Not Work AI Wor	hile C	zvotember 270 61
OF INJURY (APPROX.)  22. I certify that (4) (this hospital)	While AI Not Work Not Work Not Work Not Work	Eczmb4-10 1963 to 9	
OF INJURY (APPROX.)  22. I certify that (4) (this hospital)	While AI Not Work Not Work Not Work Not Work	hile C	
OF INJURY (APPROX.)  22. I certify that (4) (this hospital)	While AI Not Work AI Work  Not Work  attended the deceased fram D  d alive an	hile 1 E-Emb4-10 1963 ta 9 127 19 46 and that in (my) (-) c	
OF INJURY (APPROX)  22. I certify that (4) (this hospital) that (4) (we) last saw the decease and have and fram the causes state	While AI Not Work AI Work  Not Work  attended the deceased fram D  d alive an	hile 1 E-Emb4-10 1963 ta 9 127 19 46 and that in (my) (-) c	
OF INJURY (APPROX)  22. I certify that (4) (this hospital) that (4) (we) last saw the decease and have and fram the causes state	while AI Not Work  Not Work  Not Work  At Woo  attended the deceased fram D  d alive an Oran  ed abave. (1) (We) (did) (did au)	the state of the bady after death.	pplnion death accurred an the d
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) that (4) (we) last saw the decease and have and from the causes state 23A. SIGNATURE	while AI Not Work  Not Work  Not Work  At Woo  attended the deceased fram D  d alive an Oran  ed abave. (1) (We) (did) (did au)	the distribution of the bady after death.  Med. Director Phys.   hile distribution of the bady after death.	pplnion death accurred an the d
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) that (4) (we) last saw the decease and have and from the causes state 23A, SIGNATURE  23G, FHYSICIANS	while AI Not Work  Not Work  Not Work  At Woo  attended the deceased fram D  ad alive an Order  ed abave. (1) (We) (did) (did axi)	the state of the bady after death.	plnion death accurred an the d
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) that (1) (we) last saw the decease and have and fram the causes state 23A. SIGNATURE  Augustate 234. HYSICIANS NAME (Type)	while AI Not Work  Not Work  AI Woo  attended the deceased fram D  d alive an O  ed abave. (1) (We) (did) (did ac)  ALadee M.D. A	thending Med. Stoff Phys.   23D. ADDRESS	238, DATE SIGNED Sept 28, 196
of INJURY (APPROX.)  22. I certify that (1) (this hospital) that (1) (we) last saw the decease and haur and fram the causes state 23A, SIGNATURE  RAYMONA  230 HYSICIANS NAME (Type)  J Raymond	While AI Not Work  attended the deceased from D  d alive an M.D. A  Cladue M.D. A  Gladue M.D. A	wiew the bady after death.    1963 ta S   17	23B. DATE SIGNED  Sopt 28, 196  Hosp. 1000 Cato
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) that (1) (we) last saw the decease and have and fram the causes state 23A. SIGNATURE  Augustate 234. HYSICIANS NAME (Type)	while AI Not Work  Not Work  AI Woo  attended the deceased fram D  d alive an O  ed abave. (1) (We) (did) (did ac)  ALadee M.D. A	wiew the bady after death.    1963 ta S   17	23B. DATE SIGNED  Sopt 28, 196  Hosp. 1000 Cato
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) that (1) (we) last saw the decease and have and fram the causes state 23A. SIGNATURE  Paymond  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	While AI Not Work  Not Work  AI Woo  attended the deceased fram D  d alive an M.D. A  Pladue M.D	the land that in (my) (and that in (my) (and the bady after death.    17 19 66 and that in (my) (and the bady after death.    18 10	Polition death accurred on the description of the d
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) that (4) (we) last saw the decease and have and fram the causes state 23A. SIGNATURE  23Q. PHYSICIANS NAME (Type)  J Raymond  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  130/66 BURIAL	While AI Not Work  attended the deceased from D  d alive an M.D. A  Cladue M.D. A  Gladue M.D. A	the discrete death.    17 19 46 and that in (my) ( ) conview the bady after death.    18	23B. DATE SIGNED  Sopt 28, 196  Hosp. 1000 Cato

MEARS &

other was the chang 

60 0000	BALTIMORE CITY	Y HEALTH DEPARTMENT		66 119834
BIRTH NO. 66 09834	CERTIFICA	TE OF DEATH	Registered Na	00 09834
M.E. CASE NO.  1, NAME OF DECEASED			HOUR OF DEATH	
Type or Print)	F March		A 24 4 10	16 7:30
PLACE OF DEATH IN BALTIMORE, MARYLA	ND ND	4. USUAL RESIDENCE (Where	deceased fived. If inst	ilution; residence before admission
		A. STATE B. COUNT	Y	
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location)	stitution, give street	Maryland	1	
INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write R	RAL and give township)
70		139/TIM	orol, give location)	-0-01
H - 1 11 - HD	me	D. STREET ADDRESS (III II	J. L.	C+
11000 WII 431119 11		1180410.120	ITIMORE	· - / .
	AARRIED, NEVER MARRIED VIDQWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
EMAIL WHITE 2	1 V bre ed	March 1, 1482	74	
DA. USUAL OCCUPATION (Give kind of work 10B, one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or foreig	n country)/	12. CITIZEN OF WHAT COUNTRY?
Operator 5	hist Factory	Moullas	201	U.5A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	NE .	
1,20,000 to Man	V	F/17 x 6.41	506	1
Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	- on mid	ADDRESS
(es, ng or unknown) (If yes, give wor or dotes of	SECURITY NO.	, and a second		44 ( 12 mm
No	212-07-4668	Norreen M.L	Withrow 32	Maridell Ro
18.44 20.11	CAUSE	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY		1	ONSEL AND DEATH
LEADING TO DEATH	(A) 121	UP ONE PINC 1	WI-DORSIAN	
(This does not mean the made of dyin heart failure, asthenia, etc. It means the				
injury or complication which coused dear	h.)		1	
ANTECEDENT CAUSES	(B)	10 1 12 10 F C 6 5 12 18	16 (14/11/10)	
DISEASES OR CONDITIONS, if ony,	giving	1.00		
rise to the above couse (A) state	ing the (C) U7	Revina ALSE	U.S.C.	
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIL	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	AED		IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	Iffice bldg., INJURY OCCUR?		
	ourl 21E INJURY OCCURRED	21F. HOW DID INJU	INV. O. C.C.I.I.D.2	
S OF INJURY	While At Not Whi		INT OCCUR:	
(APPROX)	Work At Work			
22. I certify that (I) (this haspital) att	ended the deceased fram	August 22 1	966 to 54	D Tember 27666
that (1) (we) last saw the deceased al	ive on September	2 2919 66 and the	tin(my) (aur) apini	an death occurred an the de
and have and from the causes stated a			, , , , , , , , , , , , , , , , , , ,	
23A. SIGNATURE	A Control (1) Sme) (010) (priming)	view the body direc dedit.	1,	23B, DATE SIØNED
1 / 0 11/	M.D. AII	ending Med.	Stoff	2/12/
follow total	Phy Phy	s. Director L	Phys.	7/1/61
23 C. PHYSHAM'S NAME (Type)		23D. ADDRESS		
John di Si	1 10-11 M.D.	STOV ENMON	MION AIR.	KAN 128, 110.
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City	fown, or county) (Stote)
Burial Sent 29,196	Loudan Far	Campto, B-	Hisan	MA July i
TYL CL ALLE AMARIA	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	11/11/012	ADDRESS
SEP 30 1966 P	NAME OF REGISTRAR		on I Home of	ADDRESS
SEP 30 1966 UE s 150-rev. 1/1/65	NAME OF REGISTRAR		ralHomePl	ADDRESS CHAST, ICKOR-

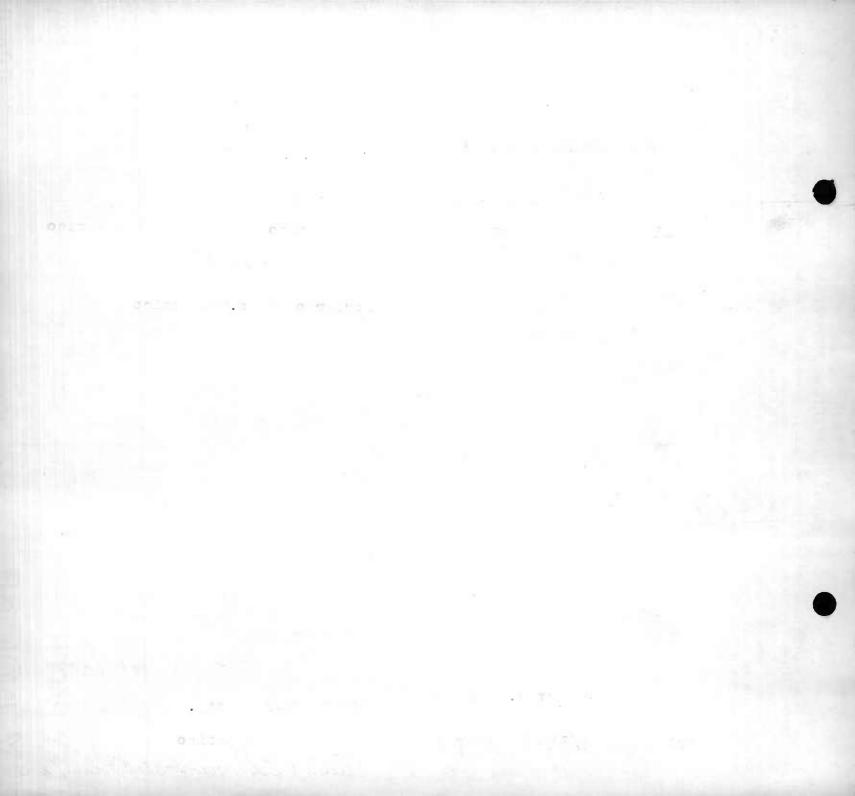


Metast che Carcinoma Foistate -

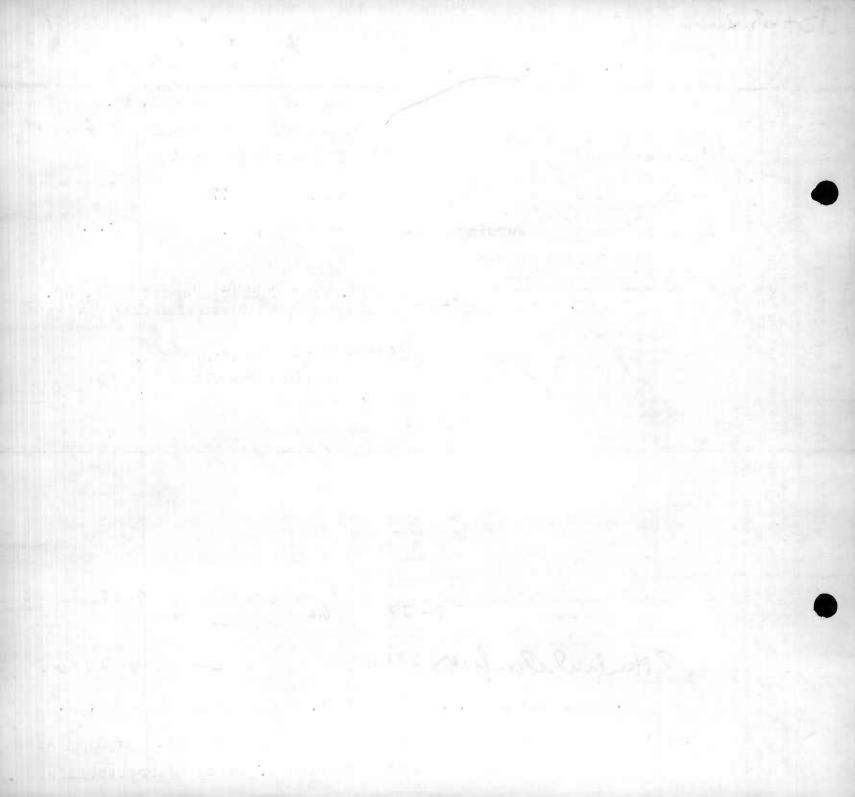
Experied fook

Tolonia malgal and

M.E. CASE NO.	w /hepico	S CF	DTIFICA	TE OF DEATH	Registered Na	66 09836
1 NAME OF DEA	00 0000	CE	KIIFICA	TE OF DEATH		
(Type or Print)	CEASED				HOUR OF DEATH	
	ATH IN BALTIMORE, MA	PEZ		11:42		26-66
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before admissi
FILL MANE	OF Mark in boarded			NEW MEX		1-28
HOSPITAL OR	oddress or location	or institution, give street n)		C. CITY OR TOWN (If outsi		URAL and give township)
INSTITUTION				RODARTE,		one give to manp,
22 1011	NS HOPKINS	HOCDITAL		D. STREET ADDRESS (If ru	rol, give tocotion)	
)/ JUH	NS HUPKINS	HUSPITAL		P.O. BOX		
5. S EX	6. RACE	7. MARRIED, NEVER MA	ARRIED	Ц	AGE (In years	If Under 1 Yr. If Under 24 h
MALE	WHITE	WIDOWED, DIVORCE		lo	st birthdoy)	Months Doys Hours Min.
		CHILD		11-10-65	10 MON	
	working life, even if retired)	108, KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Child		none		New Mexico		New Mexico
3. FATHER'S NA		23.0.23.0		14. MOTHER'S MAIDEN NAM	E	
PORF	EREO LOPEZ			GEBEVIEV	E LOPEZ	
		A				
	d Ever in U. S. Armed For n) (If yes, give wor or dote		ITY NO.	17. INFORMANT		ADDRESS
-				Porfereo Lope	New Mer	ico
1B	2 / 1		CAUSE OF	F DEATH	TOW ITOW.	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIE	DECTIV		•	e- 1	ONSET AND DEATH
DISEA	LEADING TO DEATH	RECIEI	Ken	a cotors .		3 40 1,1
(This daes	nal mean the mode of	dying, e.g.,	DUE TO	peratory In	nequience	
heart failure,	asthenia, etc. II means	the disease,			66	
	mplication which caused		Quest	to Bonifern	4444	41 less
	ANTECEDENT CAUSES		DUE TO	te Bonchon		
	OR CONDITIONS, if		10	ni traches by	1. 1. t.	10
	G CONDITION last.	stating The	(C) CLC 7	uc Nauceo on	Mences	10 marie
ONDEREIN						
Z OTHER SIGN	II .		Aubel	otter Tracheal &	tenous	
~   OTHER STON	IFICANT CONDITIONS C	ATED TO THE	1 8	1	1 , 4-	
E TO THE D	FEATH BUT NOT KELF		nuacen	VATALALA MAKUI		
DISEASE OR	CONDITION CAUSING	Т		this Tracked & attend and	ica paner	uce
DISEASE OR	POPERATION 198. CON	DITION FOR WHICH OPE	ERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
19A. DATE OF	PSOPERATION 198. CON WAS PERI	FORMED II	ERATION	randur YES	20B. IF YES, WERE FI IN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
DISEASE OR  19A. DATE OF  19A. ACCIDE  OR CONTRIB	POPERATION 198. CON WAS PERI	FORMED    2) B. PLACE OF	INJURY (e.g., in	20 A. AUTOPSY? (Yes or No)  Render /ES  or fobout 21 C. WHERE DID	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)
DISEASE OR  19A. DATE OF	PSOPERATION 198. CON WAS PERI	FORMED    2) B. PLACE OF	INJURY (e.g., in	randur YES	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
DISEASE OR  19A. DATE OF  17A - 18 - 66  21 A. A CCIDE  OR CONTRIB  DEATH (notify)	PROPERATION 198. CON- PROPERATION 198. CON- WAS PERI SALL WAS UNDERLYING UTING CAUSE OF White Control Was predicted examiner	DITION FOR WHICH OPE FORMED // 2) 8. PLACE OF home, form, for etc.]	INJURY (e.g., in ctory, street, off	or fobout 21 C. WHERE DID INJURY OCCUR?	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
DISEASE OR  19A. DATE OF  19A. DATE OF  19A. DATE  21A. ACCIDE  OR CONTRIBI  DEATH (notify)  21D. TIME  OF INJURY	Page ration   198. Con   198. Con   198. Con   198. Saw	DITION FOR WHICH OPE FORMED // 2) B. PLACE OF home, form, for etc.)  (Hour) 21E, INJURY O	INJURY (e.g., in ctory, street, off	or fobout 21 C. WHERE DID INJURY OCCUR?	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
DISEASE OR DISEASE OR CONTRIBITED DEATH (notify)	PROPERATION 198. CON- PROPERATION 198. CON- WAS PERI SALL WAS UNDERLYING UTING CAUSE OF White Control Was predicted examiner	DITION FOR WHICH OPE FORMED // 2) 8. PLACE OF home, form, for etc.]	INJURY (e.g., in ctory, street, off	or fobout 21 C. WHERE DID INJURY OCCUR?	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
DISEASE OR 194. DATE OF 214. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)	CONDITION CAUSING I 198. CON MAS PERI SALM SALM SALM SALM SALM SALM SALM SALM	DITION FOR WHICH OPE FORMED  2) B. PLACE OF home, form, for etc.)  (Hour)  21E. INJURY O While At Work	INJURY (e.g., in ctory, street, off  CCURRED  Not White At Work	20A. AUTOPSY? (Yes or No)  PRIME / ES  or fobout 21 C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJURY	20B. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?  City, give exact locohon)
DISEASE OR DISEASE OR TO THE T	That (I) (this hospital	(Hour) 21E INJURY O	INJURY (e.g., in ctory, street, off  CCURRED  Not White At Work  ed from	20A. AUTOPSY? (Yes or No)  Particle / ES  or fobout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJUR	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)
DISEASE OR DISEASE OR 19A.DATE OF INJURY (APPROX.)	TOPERATION 198. CONDITION 198. CONDITION 198. CONDITION 198. CONDITION 198. CONDITION 198. CAUSE OF White was underly medical examiner)  (Month) (Day) (Year)  (that (I) (this hospital) last saw the decease	(Hour) 21E, INJURY Or While At Work	INJURY (e.g., in ctory, street, off  CCURRED  Not White At Work  ed from 7	20A. AUTOPSY? (Yes or No)  PLUS VES  or Jobout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJUR  19  19  19  19  19  19  19	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)
DISEASE OR 19A.DATE OF 18 - 60 21 A. ACCIDE OR CONTRIBL DEATH (notify OF INJURY (APPROX.) 22. I certify that (1) (notify and haur an	That (I) (this hospital)  That (I) (this hospital)  That (I) (this hospital)  That (I) (this hospital)	(Hour) 21E, INJURY Or While At Work	INJURY (e.g., in ctory, street, off  CCURRED  Not White At Work  ed from 7	20A. AUTOPSY? (Yes or No)  Particle / ES  or fobout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJUR	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)  26  19 64  ian death accurred on the original security of the sec
DISEASE OR DISEASE OR 19A.DATE OF INJURY (APPROX.)	That (1) (this hospital) last saw the decease and fram the causes statute.	DITION FOR WHICH OPE FORMED	INJURY (e.g., in ctory, street, off  CCURRED  Not White At Work  ed from 7 - 24	20A. AUTOPSY? (Yes or No)  AUTOPSY? (Yes or	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exact locotion)
DISEASE OR DISEASE OR TO THE TOTAL OR TO THE TOTAL OR TO THE TOTAL OR TOTAL	That (1) (this hospital) last saw the decease and fram the causes statute.	DITION FOR WHICH OPE FORMED	INJURY (e.g., in ctory, street, off  CCURRED  Not White At Work  ed from 7  26  d) (pro not) vi	20A. AUTOPSY? (Yes or No)  PLUL YES  or fobout 21 C. WHERE DID  ince bldg., INJURY OCCUR?  21F. HOW DID INJUI  19  19  19  and that  iew the bady after death.	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?	ian death accurred an the control of the courred and the courr
DISEASE OR 19A.DATE OF 18 - 60 21 A. ACCIDE OR CONTRIBE DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (not) and haur an 23A. SIGNATU  J. J	That (1) (this hospital past saw the decease and fram the causes state that the past of th	DITION FOR WHICH OPE FORMED	INJURY (e.g., in ctory, street, off  CCURRED  Not White At Work  ed from 7  26  d) (pro not) vi  M.D. Atter	20A. AUTOPSY? (Yes or No)  PLUL YES  or fobout 21 C. WHERE DID  ince bldg., INJURY OCCUR?  21F. HOW DID INJUI  19  19  19  and that  iew the bady after death.	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?  in (my) (oot) opin	ian death accurred an the a
DISEASE OR DISEASE OR TO THE TOTAL OF INJURY (APPROX.)  21. I certify that (1) (we) and haur an 23A. SIGNATU	CONDITION CAUSING 1 PROPERATION 198. CON WAS PERI WAS UNDERLYING UTING CAUSE OF y medicol exominer)  (Month) (Doy) (Year)  That (I) (this hospital lost saw the decease of fram the causes state that the cause of the caus	(Hour) 21E INJURY OF While At Work  (a) attended the decease of alive an week (1) (1/6) (dictional line) (1/6) (di	INJURY (e.g., in ctory, street, off  CCURRED  Not White At Work  ed from 7  26  M.D. Atter Phys	20A. AUTOPSY? (Yes or No)  PLUL YES  or fobout 21 C. WHERE DID  ince bldg., INJURY OCCUR?  21F. HOW DID INJUI  21F. HOW DID INJUI  21F. How did in that iew the bady after death.  Inding Med. Director P	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?  in (my) (oot) opin	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)  26  19 64  ian death accurred on the original security of the sec
DISEASE OR DISEASE OR TO THE TOTAL OR TO THE TOTAL OR TO THE TOTAL OR TOTAL	TIMOTHY	(Hour) 21E INJURY OF While At Work and alive an Hold Gard Will Who (Hour) 21E INJURY OF While At Work and alive an Hold Gard Who (Hour) While At Work and Gard Gard Gard Gard Gard Gard Gard Gar	CCURRED Not White At Work  ed from 9 - 24  d) (pto not) vi  M.D. Atter Phys	20A. AUTOPSY? (Yes or No)  AUTOPSY? (Yes or	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?  In (my) (oot) opin  HOSD	NDINGS CONSIDERED SES OF DEATH?  City, give exact locofion)  26  19 64  ian death accurred on the o
DISEASE OR DISEASE OR TO THE TOTAL OR THE TO	CONDITION CAUSING I 198. CON  7-25-45 SAM  WAS PERI  WAS UNDERLYING CAUSE OF CAUSE O	(Hour) 21E INJURY OF While At Work  (a) attended the decease of alive an week (1) (1/6) (dictional line) (1/6) (di	CCURRED Not White At Work  ed from 9 - 24  d) (pto not) vi  M.D. Atter Phys	20A. AUTOPSY? (Yes or No)  AUTOPSY? (Yes or	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?  in (my) (port) opin  off hys.	ian death accurred an the a
DISEASE OR CONTRIBLE DEATH (notify DE	TIMOTHY  TOPPERATION 198. CON  TOPPERATION 198. CON  TOPPERATION 198. CON  WAS PERI  SALIM  WAS UNDERLYING  TOPPERATION (August 198.)  (Month) (Doy) (Year)  That (1) (this hospital  Topperation of the course state   The course of the	(Hour)  2) B. PLACE OF home, form, for etc.)  (Hour)  21E. INJURY OF While At Work  (I) attended the decease at alive an etc.  (Hour)	CCURRED  Not White At Work and from 9 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	20A. AUTOPSY? (Yes or No)  AUTOPSY? (Yes or	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?  In (my) (oot) opin  Off hys. Cation (City	ian death accurred an the compact of the signed of the sig
DISEASE OR DISEASE OR TO THE TOTAL OR THE TO	TIMOTHY  TOPPERATION 198. CON  A 7-25-45 SAM  WAS PERI  WAS UNDERLYING  (Month) (Doy) (Yeor)  (Month) (Doy) (Yeor)  TIMOTHY  MATION, 24B. DATE  (Specify)  9/30/	(Hour)  2) B. PLACE OF home, form, for etc.)  (Hour)  21E. INJURY OF While At Work  (I) attended the decease at alive an etc.  (Hour)	CCURRED  Not White At Work and from 9 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	20A. AUTOPSY? (Yes or No)  PLANCY ES  or fobout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJUR  19  19  19  19  Med. Director P  23D. ADDRESS  Johns Hopkins  MATORY  24D. Local	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?  in (my) (port) opin  off hys.	ian death accurred an the a
DISEASE OR CONTRIBE DEATH (notify OF INJURY (APPROX.)  22. I certify that (1) (notify ond haur and 23A. SIGNATU 23C. PHYSICIA NAME (1)  24A. BURIAL CRE REMOVAL (	TIMOTHY  TOPPERATION 198. CON  A 7-25-45 SAM  WAS PERI  WAS UNDERLYING  (Month) (Doy) (Yeor)  (Month) (Doy) (Yeor)  TIMOTHY  MATION, 24B. DATE  (Specify)  9/30/	(Hour) 21E. INJURY OF While At Work and alive an Card obave. (I) (W6) (dickers) GARDN  24C. NAME of CER	CCURRED  Not White At Work and from 9 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	20A. AUTOPSY? (Yes or No)  AUTOPSY? (Yes or	208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  RY OCCUR?  In (my) (oot) opin  Off hys. Cation (City	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)  26 19 6 6  ian death accurred an the of the considered section of the considered sectio



BIRTH NO.	66 09837		CERTIFICA			Registered No	. 66 09837
M.E. CASE NO.			CERTITICA	AIL C		ND HOUR OF DEATH	
(Type or Print)	Mrs. Ethel G	Bro	neon		9/2	9166 72	5 a m
3. PLACE OF DE	ATH IN BALTIMORE, MARY		15011,		AL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admission
FULL NAME O	OF (If not in hospital or oddress or location)	institution,	give street		aryland	XXXXXXX	RURAL and give township)
700 We	st 40th Stre	eet		XX	XXXXXXX	Forest H	1 2 -
Keswic	k Home			X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	
Female	6. RACE 7. White	WIDOWE	NEVER MARRIED p. DIVORCED (specify) LVOCCED		OF BIRTH /12/1888	9. AGE (In years lost highday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	UPATION (Give kind of work 1) working life, even if retired)	B. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRT	HPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
		Nurs	ing	Fo	rest Hill.	Md.	U.S.A
3. FATHER'S NA	ME			14. MO	HER'S MAIDEN NA	ME	
Almi XXXXXX	ron Durand (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Graft			Elizabeth	Kean	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Force	s? of service)	SECURITY NO.	Mrs.	Fred Tu	SERRA For	est Hill, Md.
Yes	Yes W. War	1	081-20-2822	2 Veec	20 8 11	1 colon	17 700 W 40 ll ST
18. / 6 -	y I		CAUSE	OF DEAT			INTERVAL BETWEEN ONSET AND DEATH
heart failure, injury or con	LEADING TO DEATH  not meen the mode of d osthenio, etc. It meens th nplicotion which coused d ANTECEDENT CAUSES	ne diseose,	(A) MLE DUE TO	toste	n the si	omo ped	18 mos.
rise to the UNDERLYING	DR CONDITIONS, if one obove couse (A) s G CONDITION lost.	NTRIBUTIN	G				
DISEASE OR		TION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or h	lo) 20B. IF YES, WER	E FINDINGS CONSIDERED
	WAS PERFO						AUSES OF DEATH?
OR CONTRIBI	NT WAS UNDERLYING DITING CAUSE OF medical examiner	218 hor etc.	PLACE OF INJURY (e.g., ne, form, foctory, street, )	, in or obou office bldg.	121C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, give exact locotion)
OF INJURY	(Month) (Doy) (Yeor)	(Hour) 21 E	. INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		WI	nile At Not WI				
22 Leastifu	that (1) (this hospital)					10 40	9-29 196
	last sow the deceased		9-29		/ /		
, , , ,						-	pinion death occurred on the
	d from the couses state	d obove. (	I) (We) (did) (did not)	view the	body ofter deoth	•	
23A. SIGNATI	0 0	0	165 M.D. A	ttending .	Med.	Stoff -	23B. DATE SIGNED
2 (	frum w.e	Den	7.VII) M.D. PI	ttending _	Director	Phy s.	9-29-66
23C. PHYSICIA	N'S Type)	4		23D. ADI	PRESS	/	
	E. Hunter Wil	lson	M.D. M.D.	2	St. Marti	ns Lane	Baltimore, Md.
24A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY of C	REMATOR			City, town, or county) (State
Burial	10/1/19	66 F	lock Spring		F	rest Hil	Manuland
25A. DATE REC'D	BY HEALTH DEPT		OF REGISTRAR		FUNERAL DIRECTO		ADDRESS
	off 30 1966 (	Robert	" E starbure	Cr	arles E.	Kurtz 3	arrettsville.
VS 150-REV. 1/1/	65					111111111111111111111111111111111111111	WTTCOODYTTIE!

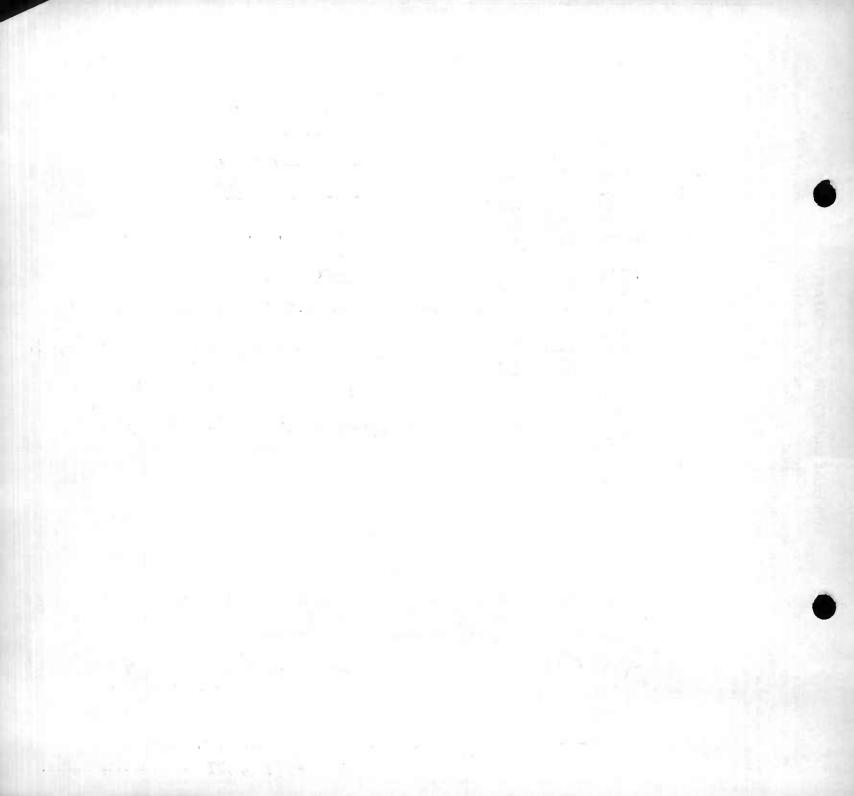


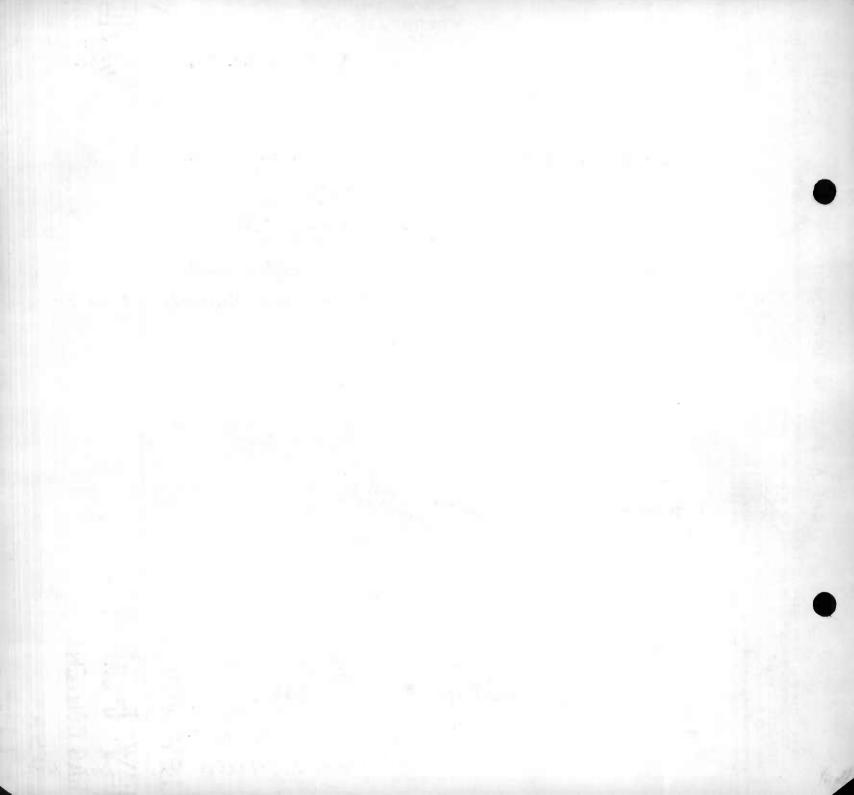
IMPORTANI

DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

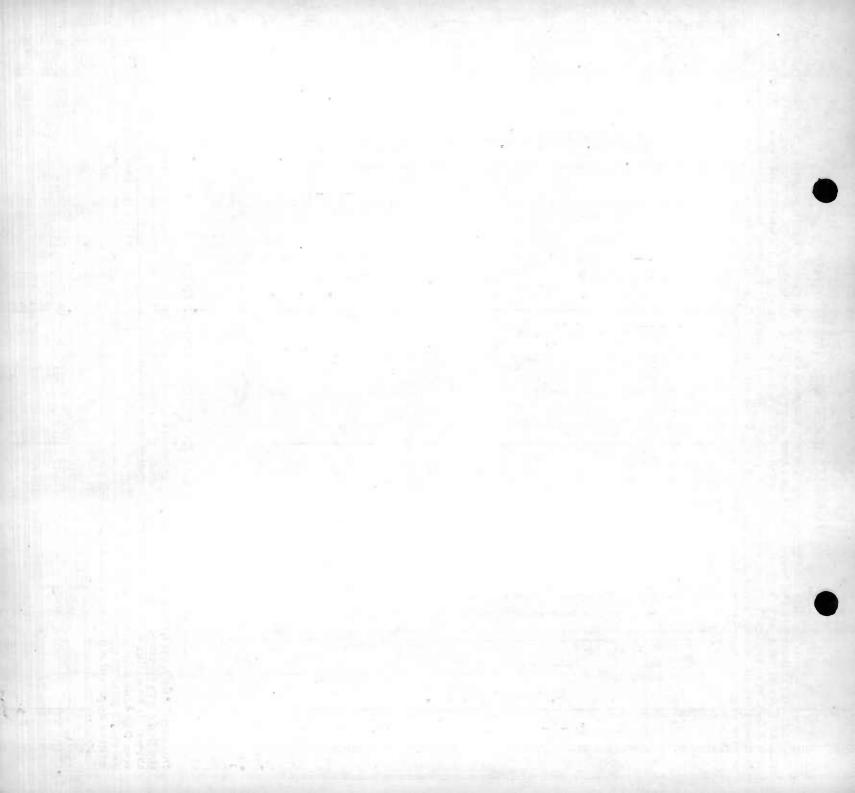
	66 09839			HEALTH DEPARTMEN		66 09839
M.E. CASE NO			CERTIFICA	TE OF DEATH		
1.NAME OF D (Type or Print)	De Co Sn	no	Flore		-28-66	7.11 P
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before admission
FULL NAME	OR oddress or locotio	or institution,	give street	Maryland	Baltimore	e RURAL and give township)
INSTITUTION				Baltimor	re	
Sina	" Hosp	10		D. STREET ADDRESS	(If rurol, give location)	140
42				3412 Fairv	iew Avenue	
M 50	6. RACE		, NEVER MARRIED D, DIVORCED (specify) ed	5-16-1916	9. AGE (In years lost birthday) 50	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	CCUPATION (Give kind of wor			11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
~	of working life, even if retired)			Old Forge	Da	USA
Self-em				Old Forge,	NAME	USA
Fiore	A DeCosmo sed Ever in U. S. Armed Fo		11.6 200141	DiNardo		ADDRESS
Yes, no or unkno	(If yes, give wor or dot	es of service)	1 6. SOCIAL SECURITY NO.	INFORMAN I		WDDKE33
Yes	ww 2		176-16-6823	Marie A. De	Cosmo 3412	Fairview Avenue
18.4.	0,11		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	A ^	h 1. 0	1 1 / 1	. 1
	LEADING TO DEATH		(A) #34	Na Myo Ca	rdial Inlag	ction 2 hrs
	s not meon the mode of re, osthenio, etc. It means		DUE TO	/		INT
	complication which coused		10-	hemic	11 / 00	a mar to
100	ANTECEDENT CAUSES	5	(B) 15 C	hemic	Heart Nile	JC P D XYJ
DISEASES	OR CONDITIONS, if	ony, giving				
rise lo	the above couse (A)		(C) H Y	perchalesto	crollmi	2 10 /2/
UNDERLY	ING CONDITION last.			1		
E TO THE	II  SNIFICANT CONDITIONS ( DEATH BUT NOT RELA	ATED TO TH				
DISEASE O	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes o	n Noll 208, IF YES, WEE	RE FINDINGS CONSIDERED
E O	WAS PER		THE O'CLASION		IN CERTIFYING	CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING CAUSE OF	216 hornetc	B. PLACE OF INJURY (e.g., in ne, form, foctory, street, of	n or about 21 C. WHERE DI	D (If in Boltim	nore City, give exact location!
21 D. TIME	(Month) (Doyl (Year)	(Hour) 21 E	INJURY OCCURRED	215 HOW DID	INJURY OCCUR?	
S OF INJURY			nile At Not White		INJURY OCCUR!	
(APPROX.)		We				4
22. I certi	ify that (1) (this hospita	I) attended t	he deceased from	Time	1996 to Ma	y 28th 1966
that (I)	(e) last saw the decease	ed alive an	5- 25-	- 19 6 h and	d that in (mv) (our) a	pinian death accurred an the do
	*					
23A. SIGNA	and frain the causes sta	ied dbdve. (	i/ (Ter (did) (did-not) v	tew the body offer ded	in.	23B. DATE SIGNED
23A. 31UN	1 11 1	- 0	M.D. Atte	ending Med	Stoff	
~	MICH	m		s. Med. Director	Phys.	9-28-66
23C. PHYSIC	Clans Corge N	. Ram	Aphram Me	Boltin a	2 Groyd	lon Rd
	REMATION, 248. DATE	24C. N	AME of CEMETERY or CRE		D. LOCATION	(City, town, or county) (Stotel
	L (Specify)	717			-74'	1
Burial	19-3-66	25B, NAME	odlawn Ceme	tery B	altimore, Ma	aryland
CED	30 1966 00	B. C.	taber M.	ell III		0 Liberty Hghts.
SEF	00 1000	AND TH	7	Mounth	umacos -	Little 1181100
/S 150-REV. 1/	/1/65				8 of	





VS 150-REV. 1/1/65

RTH-NO.2 08 09841	CERTIFICA	ATE OF DEATH		
A.E. CASE NO. NAME OF DECEASED			AND HOUR OF DEAT	Н
Type or Print) Ida E. Cook			Septembe	er 2 <b>5</b>   1966
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WA, STATE B. COL	here deceased lived. If	institution: residence before admission
		Md.	NII	12-02
FULL NAME OF (If not in hospital or institution)  HOSPITAL OR oddress or location)	ution, give street		outside city limits, writ	e RURAL ond give township)
Marylander Apts.		Baltimore		
3501 St. Paul St			If rural, give location)	
Apt. 607		3501 St. 3	Paul St. A	pt 607
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9-29-76	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min,
DA. USUAL OCCUPATION (Give kind of work 108, KIN				12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)		Maryland	7	USA
FATHER'S NAME		14. MOTHER'S MAIDEN N		0.021
Late-Robert D'Unge	r		erine	
5. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17, INFORMANT		ADDRESS
es, no or unknown) III yes, give wor or dotes of ser	SECURITY NO.	Mr. E. H.	Diunger	V-201733
		11356 Gla	iwin St. I	os Angeles Cal
18. 4 2 2 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1.00	- O N	1	
LEADING TO DEATH (This does not mean the mode of dying,	(A) Us	tensuclaration	Corrections	
hearl foilure, asthenia, etc. II means the dis	seose,	die	A.	
injury ar complication which caused death.)	185			
ANTECEDENT CAUSES	IB)			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony,	IB) DUE TO			
ANTECEDENT CAUSES	IB) DUE TO			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling	IB) DUE TO			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, on the obove couse (A) stoling underlying condition last.	giving The IC)			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, or ise to the obove couse (A) stoling UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving The IC)			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, or ise to the obove couse (A) stoling UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving The IC)  SUTING O THE	20A. AUTOPSY? (Yes or	No) 208. IF YES, WES	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	giving The IC)  UITING O THE  FOR WHICH OPERATION		No) 208. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, or ise to the obove couse (A) stoling underlying Condition tast.  I)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF	DUE TO  giving  lhe  IC)  SUTING  O THE  FOR WHICH OPERATION  218. PLACE OF INJURY In.g., home, form, loctory, street	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WEF	RE FINDINGS CONSIDERED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, or ise to the obove couse (A) stoling UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	DUE TO  DUE TO  DUE TO  GUTING O THE  FOR WHICH OPERATION  21B. PLACE OF INJURY Inc.g., home, form, loctory, street, etc.)	in or about 21 C. WHERE DID	No) 208. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, or ise to the obove couse (A) stoling underlying condition last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	DUE TO  DUE TO	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, or ise to the obove couse (A) stoling underlying condition last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	DUE TO  DUE TO  DUE TO  GUTING O THE  FOR WHICH OPERATION  21B. PLACE OF INJURY Inc.g., home, form, loctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, or is a lot he obove couse (A) stoling UNDERLYING CONDITION lost.  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) [Doy) [Year) [Hour) (APPROX.)	JULING O THE  TOR WHICH OPERATION  218. PLACE OF INJURY Inc.g., shome, form, loctory, street, etc., or while At Work  Not While At Not Work	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WEF IN CERTIFYING O	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exact locohon)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, or ise to the obove couse (A) stoling UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) [Doy) [Year) [Hour)  21D. TIME (Month) [Doy) [Year] I Hour)  21D. TIME (Month) (I) (this imported) attentions	DUE TO  DUE TO	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WES IN CERTIFYING O	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Thore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medicol exominer)  21A. The contribution of cause of DEATH (notify medicol exominer)  21A. The contribution of Cause of DEATH (notify medicol exominer)  21A. CECIDENT WAS UNDERLYING DEATH (notify medicol exominer)  21A. CECIDENT WAS UNDERLYING TO REAL (Notify medicol exominer)  21A. CECIDENT WAS UNDERLYING TO REAL (Notify medicol exominer)  21A. CECIDENT WAS UNDERLYING TO REAL (NOTIFY MEDICAL EXOMETICAL EXOMETICA	JUTING O THE  TOR WHICH OPERATION  21B. PLACE OF INJURY I.e.g., home, form, loctory, street, etc.,  21E. INJURY OCCURRED  While At Not Wh Work  ded the deceased fram	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID II  ille  J anuary 10  19.66 and	No) 208. IF YES, WEF IN CERTIFYING ( III in Boltim NJURY OCCUR?  19 51 to 10 t	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Thore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21A. The course of the couse of the course o	JUTING O THE  TOR WHICH OPERATION  21B. PLACE OF INJURY I.e.g., home, form, loctory, street, etc.,  21E. INJURY OCCURRED  While At Not Wh Work  ded the deceased fram	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID II  ille  J anuary 10  19.66 and	No) 208. IF YES, WEF IN CERTIFYING ( III in Boltim NJURY OCCUR?  19 51 to 10 t	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exact location)  Application death accurred an the control of the con
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines)  21D. TIME (Month) [Doy) [Yeor) [Hours of Injury (APPROX.)]  22. I certify that (I) (this hopital) attention (I) (we) last saw the deceased alive	DUE TO  DUE TO	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID II ille January 10  19 66 and view the bady after deat	No) 208. IF YES, WES IN CERTIFYING ( III in Boltim NJURY OCCUR?  19 51 ta	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Thore City, give exact location?  19 238, DATE SIGNED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examines)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this houphful) attention that (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE	DUE TO  DUE TO	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID II ille J anuary 10  19 66 and view the bady after deat	No) 208. IF YES, WEF IN CERTIFYING ( III in Boltim NJURY OCCUR?  19 51 to 10 t	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exact locohon)  Application death accurred an the dea
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, or ise to the obove couse (A) stoling UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)  22. I certify that (I) (this happiral) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE  23C. Physician's NAME (Type)	DUE TO DU	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID II ile  January 10  19 66 and view the bady after death thending Med. Director  23 D. ADDRESS	No) 20B. IF YES, WES IN CERTIFYING (  III in Boltim  NJURY OCCUR?  19 51 to that in (my) (***) of the composition of the compos	RE FINDINGS CONSIDERED CAUSES OF DEATH?  More City, give exact location)  19 6  23B. DATE SIGNED  9-26-66
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, or ise to the obove couse (A) stoling UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) 1Year) 1Hours OF INJURY (APPROX.)  22. I certify that (I) (this happiral) attenthat (I) (we) last saw the deceased alive and haur and from the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	DUE TO  DUE TO	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID II ile  January 10  19 66 and view the bady after death thending Med. Director  23 D. ADDRESS	No) 20B. IF YES, WES IN CERTIFYING (  III in Boltim  NJURY OCCUR?  19 51 to that in (my) (***) of the composition of the compos	RE FINDINGS CONSIDERED CAUSES OF DEATH?  More City, give exact location)  19 6  23B. DATE SIGNED  9-26-66
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last.  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21A. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (APPROX.)  22. I certify that (I) (this happen) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE  23C. Physician's NAME (Type)  John Nes  4A. BURIAL CREMATION, 124B. DATE	DUE TO  DUE TO	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID II ile  J anuary 10  19 66 and view the bady after deat  tending Med. Director  23 D. ADDRESS  1009 Free  REMATORY 24D.	No) 20B. IF YES, WEF IN CERTIFYING  III in Boltim  NJURY OCCUR?  19 51 ta  that in(my) (***) constant  Stoff Phys.   COCATION	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exect location)  19 238. DATE SIGNED  9-26-66  10 Balli, 2 (2)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examines)  21A. BURIAL CREMATION, 124B. DATE	DUE TO  DUE TO  DUE TO  DUE TO  DUTING  O THE  FOR WHICH OPERATION  21B. PLACE OF INJURY Is.g., home, form, loctory, street, etc.)  21E. INJURY OCCURRED  While At Not Who At Work  ded the deceased from	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID II ille	No) 20B. IF YES, WEF IN CERTIFYING  III in Boltim  NJURY OCCUR?  19 51 ta  that in(my) (***) constant  Stoff Phys.   COCATION	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exect location)  19 238. DATE SIGNED  9-26-66  10 Balli, 2 (2)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last.  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)  22. I certify that (I) (this happen) attenthat (I) (we) last saw the deceased alive and haur and from the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  John 10  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 10—1—66	DUE TO  DUE TO	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID II ile  J anuary 10  19 66 and view the bady after deat  tending Med. Director  23 D. ADDRESS  1009 Free  REMATORY 24D.	No) 20B. IF YES, WES IN CERTIFYING (  III in Boltim  NJURY OCCUR?  19 51 to that in(my) (***) of the in(my) (***) of the inches and	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exect location)  19 238. DATE SIGNED  9-26-66  10 Balls 2 (2:3)  [City, lowp, gr county) (State



	-	3 6			Y HEALTH DEPARTMENT	/\	
	CASE NO.	6 09842		CERTIFICA	ATE OF DEATH	Registered Na.	66 09842
1. N.	AME OF DEC	EASED		***************************************	2. DATE A	AND HOUR OF DEATH	1
Тур	pe or Print)	Bertha Ma	arie	Brown	Se	pt. 27, 19	966
F	PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitot or institution, give street)			4. USUAL RESIDENCE (Where deceased fived, If institution: residence belore admis A. STATE  B. COUNTY  A. C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
HOSPITAL OR oddress or location) INSTITUTION							
7		nor Lodge S. Chapelga	ate La	ne		Catonsvi	lle
_						Ridge Rd.	
5, S	F	6. RACE	Wido		9-11-81	9. AGE (In years lost birthdoy) 85	onths Doys Hours M
done		working life, even if retired)		F BUSINESS OR INDUSTR	Connecticu		12. CITIZEN OF WHAT COUNTRY? USA
	FATHER'S NAM				14. MOTHER'S MAIDEN NA		
	Lat	e Zimme:	r				
15. V Yes	Was Deceased	Ever in U. S. Armed Fo	orces?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. George		ADDRESS
	18.	0.0		CAUSE	69 Garden B	ridge Rd.	-28 INTERVAL BETWEEN
	heort failure, injury or con	LEADING TO DEATH not mean the mode of asthenia, etc. It means nplication which caused ANTECEDENT CAUSES	I dying, e.g. s the diseose d death.)		Hours bie	of arter	ge reconser
	rise to the	OR CONDITIONS, if e obove couse (A) G CONDITION lost.	ony, giving				
ATION	OTHER SIGNI	OR CONDITIONS, if e obove couse (A)	ony, giving stoting the	(C)			
RTIFICATION	OTHER SIGNI	OR CONDITIONS, if e obove couse (A) G CONDITION Iost.  IFICANT CONDITIONS (IEATH BUT NOT REL CONDITION CAUSING OPERATION   198. CON	ony, giving stoting the	(C)	,	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
L CERTIFIC	OTHER SIGNI TO THE DISEASE OR 19A. DATE OF	OR CONDITIONS, if e obove couse (A) G CONDITION Iost.  IFICANT CONDITIONS (IEATH BUT NOT REL CONDITION CAUSING OPERATION   198. CON	ony, giving stoting the CONTRIBUTIN ATED TO THE IT.  NOTITION FOR REFORMED	WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street,	,	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFIC	OTHER SIGNI TO THE DISEASE OR 19A. DATE OF	OR CONDITIONS, if e obove couse (A) G CONDITION lost.  II IFICANT CONDITIONS ( DEATH BUT NOT REL CONDITION CAUSING OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF	contribution for RFORMED  CHour)  211  William  (Hour)  211  William  (Hour)  211  William  (Hour)	WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING C.	AUSES OF DEATH?
MEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRIBL DEATH (notify  21D. TIME OF tN JURY (APPROX.)  22. I certify that (!) (we) and haur and 23A. SIGNATU	OR CONDITIONS, if e obove couse (A) G CONDITION Iosi.  IFICANT CONDITIONS ( DEATH BUT NOT REL CONDITION CAUSING OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examine)  (Month) (Doy) (Year)  that (1) (this haspital last saw the decease d fram the causes sta	cony, giving stoting the stoti	WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, lorm, loctory, street,)  E. INJURY OCCURRED hile At	20A. AUTOPSY? (Yes or )  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN hile the bady after death live.  Med. Director	IN CERTIFYING C  (II in Boltimo	AUSES OF DEATH?
MEDICAL CERTIFIC	OTHER SIGNITION THE DISEASE OR 19A. DATE OF 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF th JURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNAT UNAME (I) AME (I)	OR CONDITIONS, if e obove couse (A) e obove couse (A) G CONDITION Iosi.  IFICANT CONDITIONS (CONDITIONS CONDITION CAUSING CONDITION CAUSING CONDITION TO CONDITION TO CONDITION (CONDITIONS CONDITIONS CONDITIONS (CONDITIONS CONDITIONS CONDITIONS (CONDITIONS CONDITIONS CONDITIONS CONDITIONS (CONDITIONS CONDITIONS	cony, giving stoting the stoti	WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, lorm, loctory, street,)  E. INJURY OCCURRED hile At	20A. AUTOPSY? (Yes or )  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN hile the bady after death thending  Aed. Director  23D. ADDRESS  APPARATORY  DAD.	IN CERTIFYING C.  (II in Boltimo	Jeff 18 19 (inion death occurred on the
MEDICAL CERTIFIC	OTHER SIGNITION THE DO DISEASE OR 19A. DATE OF 19A. DATE OF CONTRIBUTION THE DEATH (notify 21D. TIME OF th JURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (TO APPROX.)  BURIAL CRE	OR CONDITIONS, if e obove couse (A) e obove couse (A) G CONDITION Iosi.  IFICANT CONDITIONS (CONDITIONS CONDITION CAUSING CONDITION CAUSING CONDITION TO CONDITION TO CONDITION (CONDITIONS CONDITIONS CONDITIONS (CONDITIONS CONDITIONS CONDITIONS (CONDITIONS CONDITIONS CONDITIONS CONDITIONS (CONDITIONS CONDITIONS	CONTRIBUTION ATED TO THE TIT.  NOTITION FOR REFORMED  (Hour) 218  WW. W.	WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street, ling)  E. INJURY OCCURRED  while At At Work  whe deceased fram  M.D. Application of CEMETERY	20A. AUTOPSY? (Yes or )  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN tile  19	IN CERTIFYING C.  (II in Boltimo  IJURY OCCUR?  19 6 10 10 10 10 10 10 10 10 10 10 10 10 10	Jeff 18 19 (inion death occurred on the

Enformation of Elgo.

1 1 m 20 60 1/2

A Thomas William A Start His Pile

R200	BALTIMORE CITY	HEALTH DEPARTMENT	on onell
MRTH/NO. 65 09843	CERTIFICA	TE OF DEATH Registered N	<u>. 66 U9813</u>
M.E. CASE NO.		2. DATE AND HOUR OF DEA	TH A
Type or Print)  Inez Rees	6	Sep - 9	6,19663.40 A
B. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived.	f institution: residence before admission
		A. STATE B. COUNTY	27-21
HOSPITAL OR oddress or location	or institution, give street		te RURAL and give township)
6205 Vallis	Ave.	Baltimore	
) A Baltimore, I		D. STREET ADDRESS (Il rural, give lacation)	
		6205 Wallis Ave.	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Manths Days Hours Min.
Tr Wh	Widowed (specify)	5-23-84 82	Manths Days Hours Min.
A. USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
ne during most of working life, even if retired)		Warri and	WHAT COUNTRY?
FATHER'S NAME		Maryland 14. MOTHERS MAIDEN NAME	USA
George H. Dav	ic		
		Adaline Lily	
. Was Deceased Ever in U. S. Armed For es, no or unknown) (If yes, give wor or date	ces? Is of service) 16. SOCIAL SECURITY NO.	Sadie E. Reier	ADDRESS
	215-05-0470A		therwille
18.	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIE	RECTLY	7	ONSET AND DEATH
LEADING TO DEATH	(A)	roncho preumonia	Days
(This does not mean the made of heart failure, asthenia, etc. It means	dying, e.g., Due 10		
injury or camplication which caused			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if		wheat Vascular Acc	
use to the above cause (A)	stating the (C)	egual Vascular Acc	· Dol'
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	ATED TO THE		
	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE	RE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CON WAS PER	FORMED	IN CERTIFYING	CAUSES OF DEATH?
) 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (II in Boltin	more City, give exact lacotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, of	fice bidg., INJURY OCCUR?	
21D. TIME (Manth) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OI IIII	While At Not While		
(APPROX)	Work At Wark		
22. I certify that (1) (this hospital	) ottended the deceased from		- //
that (1) (we) last sow the decease	ed alive an Nept 2	4 19 66 and that in (my) Lourt	opinion death occurred on the de
and hour and from the causes sto	ted obove. (1) (We) (did not) v		
23A. SIGNATURE	0		23 B. DATE SIGNED
7/1-9	M.D. Atte	Med. Stall Phys.	Selvo 1
23C. PHYSICIAN'S		23D. ADDRESS	7 / 10/1
NAME (Type) Francis		3201 N. CharlesSt.	
			16.1
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF CRE		(City, town, or caunty) (Stote)
Burial 9-29-	" O O OCE CONTILL O CITY	Baltimore	
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
SEP 30 1966 (2)	bert E. Jaken M.	Witzke F.D4101 E	dmondson Ave.
S 150-REV. 1/1/65		*	



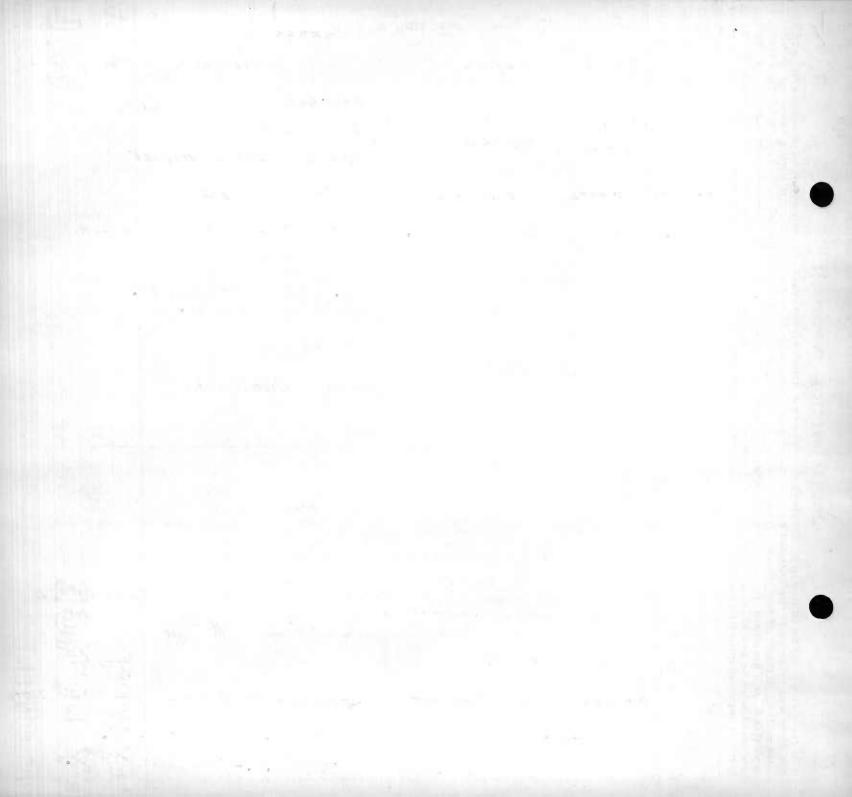
JAP 92 I JA · E1 MA · I

2 1 1 A 2 . .

IMPORTANT

DIRECTOR:

FUNERAL



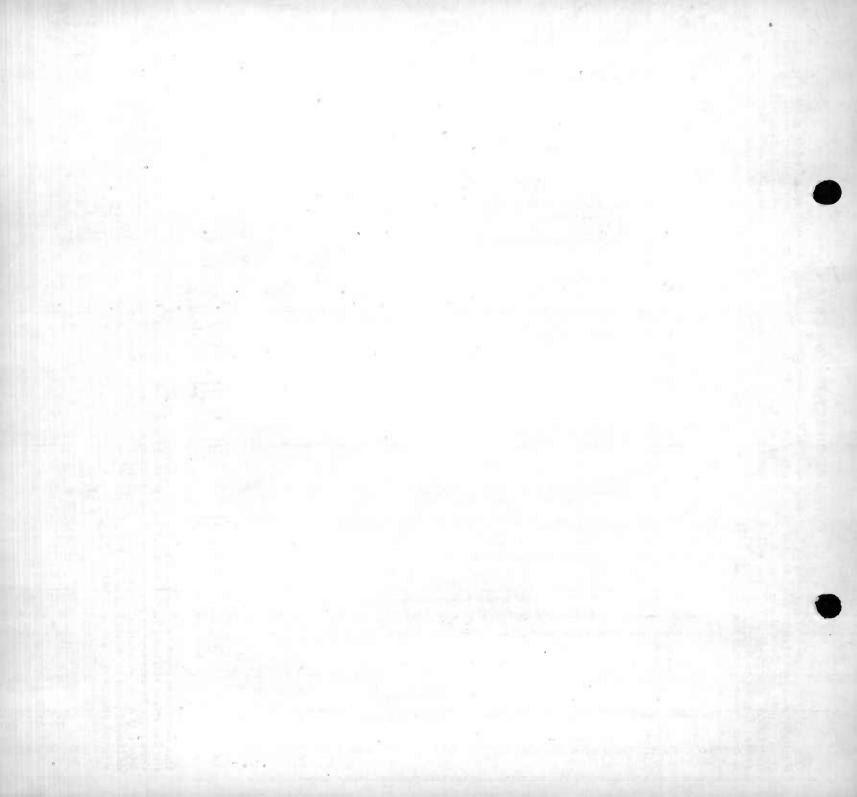
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

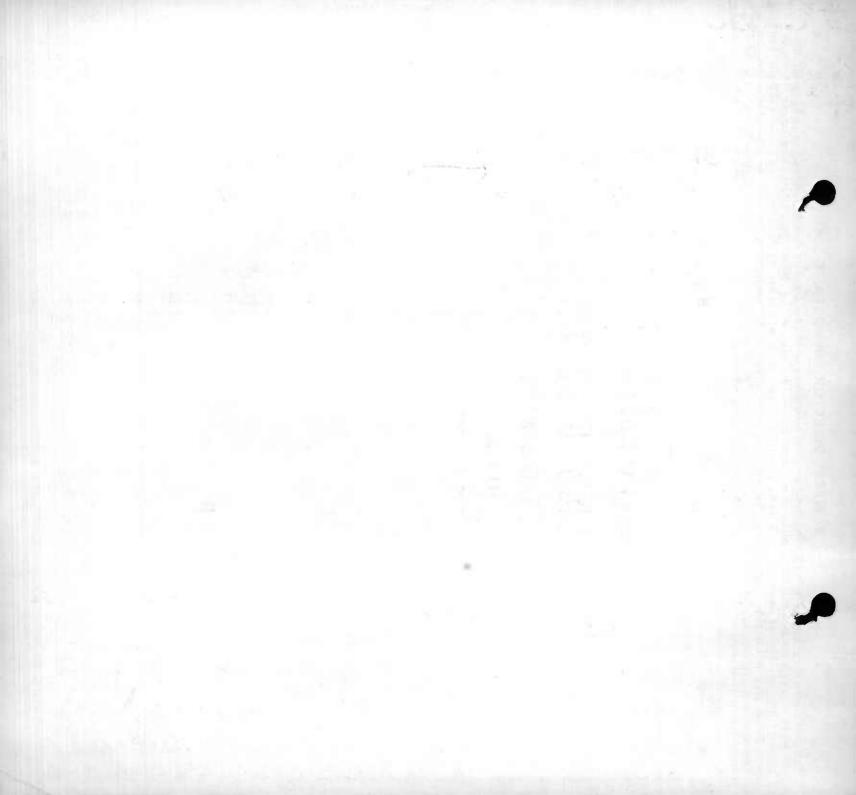
IMPORTANT

FUNERAL DIRECTOR:

Bi

		BALTIMORE CITY	HEALTH DEPARTMENT	X	ee ngrae
BIRTH NO.	19846	CERTIFICA	TE OF DEATH	Registered No	. 66 09846
NAME OF DECEASED			2. DATE AN	D HOUR OF DEAT	Н
Type or Print) Amos I	Bucheh	aum	Sep	t. 26. 19	10,45P
PLACE OF DEATH IN BALTI	MORE, MARYLAND	- UIII	4. USUAL RESIDENCE (When	re deceased lived. If	institution: residence before admissio
FULL NAME OF (If not	in hospitol or institut	ion, give street	Md.		
HOSPITAL OR oddres	s or location)	, give and	C. CITY OR TOWN (If out	tsido city limits, writ	e RURAL and give township)
729 CI	naring Cr	*	Baltimore		53-00
)  Baltin	nore, 29,	Md.	D. STREET ADDRESS (If	rurol, give location)	
			729 Chari		Rd.
SEX 6. RACE	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
M Wh		Single D OF BUSINESS OR INDUSTRY	5-28-93	73	12. CITIZEN OF
one during most of working life, eve	en if retired)			T- X	WHAT COUNTRY?
Ret. Cashier	: John	Hancock Ins.			USA
FATHER'S NAME			14. MOTHER'S MAIDEN NA		
Late-Theodo	ore Buchs	baum	Late-Mary	Whiner	
. Was Deceased Ever in U. S. es, no or unknown) (If yes, give	Armed Forces? wor or dotes of serv	1 6. SOCIAL SECURITY NO.	Mr. Charles	E. Quaty	ADDRESS
		214-01-3939	4506 Old Fre	ed k. Rd.	- Apt. C
18.	No. of Land	CAUSE O	2000 020 220		INTERVAL SETWEEN ONSET AND DEATH
ANTECEDEN  DISEASES OR CONDITION  TISE TO THE OBOVE OF THE OBOVE  OTHER SIGNIFICANT CONTION  TO THE DEATH BUT DISEASE OR CONDITION	ONS, if ony, gi ouse (A) stoling N lost.  DITIONS CONTRIBL NOT RELATED TO	TING (C)	Interescelenta	Carche Vose	Disease
TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNE OR CONTRIBUTING CAU DEATH (notify medical exam	ICC OC	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)
	oy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)		While At Work Not While At Work			
22. I certify that (I) (thi	s hospital) ottend	ed the deceosed from	Mor. 1	1968 to 5	ept. 26, 1966
that (1) (we) last sow th		/ V - 1	///		pinion death occurred on the d
		re. (I) ( <del>We)</del> (did) (did not) v		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
23A. SIGNATURE	0	, (iii) (aid) (aid-iiai) v	The body direct debins		23B. DATE SIGNED
Wan	TA	M.D. Atte	ending Med.	Stoff Phy s.	9-28-66
23C. PHYSICIAN'S	y .		23 D. ADDRESS	- 11y 3+ L	,
NAME (Type)	nt Trains	M.D.	40000000	1 A	B (+)
Har		C. NAME of CEMETERY OF CRE	4116 Edmond		(City, town, or county) / (Stote
REMOVAL (Specify)			5 C C C C C C C C C C C C C C C C C C C	altimore,	
	-29-66	Oak Lawn Cem			ADDRESS
SA. DATE SEP BY HEALTH	66 Robert	ME OF REGISTRAR	Witzke F.	D4101 I	Edmondson Ave.





Jam Tubb to All 3818 15PATEMER Union Monumental Hospital 3188 26 IL ST MALE Mayro Tops 124 7/12/12 54 Broadity Etrick Maryland some John your placed Georgeanna Murray

TIE-WILLENDER INC.

VS 150-REV. 1/1/65

	66 09849	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO.		CERTIFICA	TE OF BEATH	No. <u>66 09849</u>
1. NAME OF DEC (Type or Print)	LEVEN JOH	INSON	September 20	6th 1966 4:40 P.
3. PLACE OF DEA	ATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital or address ar location)	instilution, give streel	MARYLAND  C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
33	THE JOHNS H	lopkins Hospital	D. STREET ADDRESS (If rural, give location 2304 MADISON AVE.	
S. SEX	NEGROID 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH  6-22-05  9. AGE (In years last birthday)  61	If Under 1 Yr. If Under 24 I Months Days Hours Min
	upation (Give kind of work 10 working life, even if refired)  Employed.	08. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  EASTERN Shove VA.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME	0, 0, 11.
Bur	TON JOHNSON		LOTTIE SMITH	
15. Was Deceased	Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
UNK.	fill yes, give wor or dates	of service) SECURITY NO.	Julia Johnson 2304	MAdison Ave
OTHER SIGNII TO THE D DISEASE OR	SE OR CONDITION DIRECT LEADING TO DEATH and mean the mode of dashenia, etc. It means the application which caused dantecedent Causes  OR CONDITIONS, if an eabove cause (A) is GONDITION fast.	ying, e.g., the disease, eath.)  (A) DUE TO  DUE TO  DUE TO  (B) C DUE TO  (C)  NTRIBUTING ED TO THE	ARCUNOMATE CL	QND.
U 21 A. ACCIDE	WAS PERFO	TION FOR WHICH OPERATION RMED  WOMA OF PROSTATE  118. PLACE OF INJURY (e.g., i home, form, foctory, street, o	YES IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  imore City, give exoct locofion)
DEATH (notify	medical examiner) (Manth) (Day) (Year)	etc.)	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not Whi		
		attended the deceased from A	iguat 22 ng 19 66 10 5	september 26th 19 6
22. I certify that (I) (we)	d from the causes stated	d above. (1) (We) (did) (did not)	19 and that in(my) (our)	opinion death occurred on the
22. I certify that (I) (we)	last sow the deceased of from the causes stated	d above. (I) (We) (did) (did not) of M.D. Att	19 and that in(my) (our)	opinion death occurred on the d .  238, DATE SIGNED  0 ~ 26 ~ 1966

LIGHTLE- STREET 

E CITY HEALTH DEPARTMENT  ICATE OF DEATH  Registered No. 66	
ICATE OF DEATH	03030
2. DATE AND HOUR OF DEATH	91.158h
A. STATE B. COUNTY	esidence before damis
	d give township)
8. DATE OF BIRTH 9. AGE (In years If Unde	r 1 Yr. , If Under 24
	Doys Hours M
USTRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF
	AT COUNTRY?
14. MOTHER'S MAIDEN NAME	
	ADDRESS
2040	
	ONSET AND DEATH
Cardrel Thrombosia.	7101101
0	
Irlinderole cardio-	Sycar
Nosular delase	0
والمستحدث والمتالية	
20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS	CONSIDERED
IN CERTIFYING CAUSES OF	DEATH?
(le.g., in or about 21 C. WHERE DID (If in Boltimare City, giveret, affice bldg., INJURY OCCUR?	e exoct locotian)
D 21F. HOW DID INJURY OCCUR?	
at While	
Work U	
nevember 3 196/ 10 Deptemb	4 29 196
July 66 and that in (my) (our) aplaian dea	th accurred an the
met) view the bady ofter deoth.	
met) view the bady ofter death.  23B. DAT	1 1//
	30/66
D. Attending Med. Stoff Phys. 23B. DAT	130/66
D. Attending Med. Stoff Phys. 9	130/66
D. Attending Med. Stoff Phys. 23B. DAT	/30/66 Md.
Attending Med. Stoff Phys. 23B. DAT Phys. 23B. DAT Phys. 6217 Harford Road, Balto., or CREMATORY 24D. LOCATION (City, town, control of CREMATORY)	/30/66 Md.
Attending Med. Stoff Phys. 23R. DAI  23R. DAI  23R. DAI  9  24R. D. DAI  9  24	Md.  Or county) (Sto
Attending Med. Stoff Phys. 23B. DAT Phys. 23B. DAT Phys. 6217 Harford Road, Balto., or CREMATORY 24D. LOCATION (City, town, control of CREMATORY)	Md.  or county) (Sto
	Maryland C. CITY OR TOWN (If outside city limits, with SURAL on Baltimore D. STREET ADDRESS (If rurol, give location) 3033 Northern Parkway  8. DATE OF BIRTH 9. AGE (In years list birthday) NOV. 1, 1890  USTRY 11. BIRTHPLACE (State or foreign country) Baltimore, Md.  14. MOTHERS MAIDEN NAME  Lizabeth Gruner  17. INFORMANT 2040 T. James C. Miller 3033 North USE OF DEATH  Berebral Turnbona  The Control of the country of the



23C. NAME of CEMETERY or CREMATORY

24B NAME OF REGISTRAR

23D. LOCATION

emetery

24C. FUNERAL DIRECTOR

(City, town, or county)

Baltimore, Md.

eonard J. Ruck Inc. Balto. Md.21214

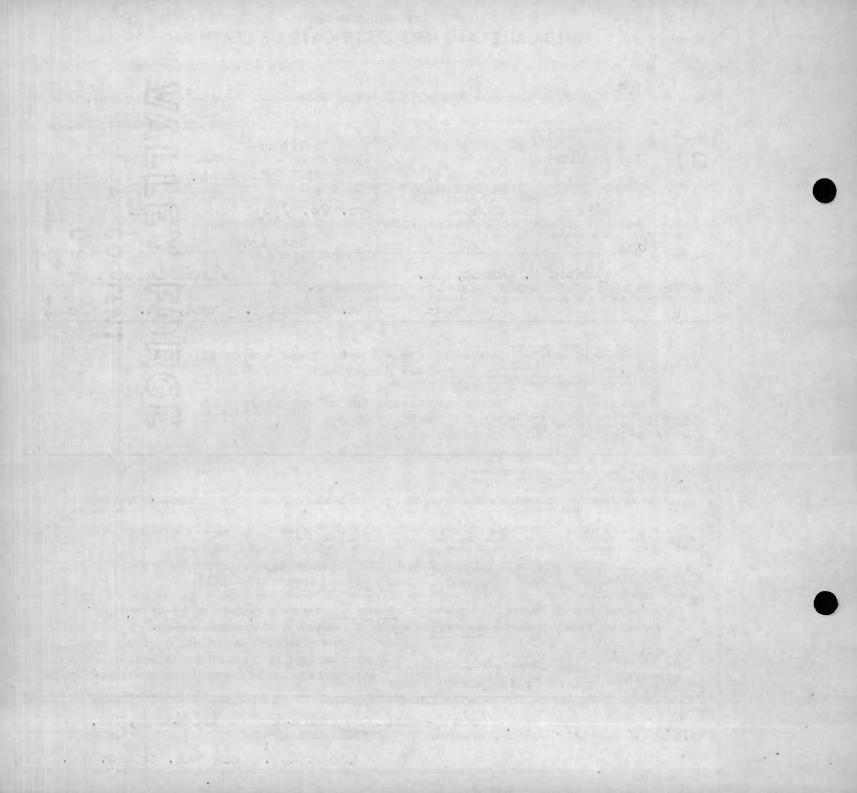
23A. BURIAL CREMATION,

Burial 9/
24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV, 1/1/65

23B. DATE



VS 150-REV. 1/1/65

IMPORTANT DIRECTOR: FUNERAL

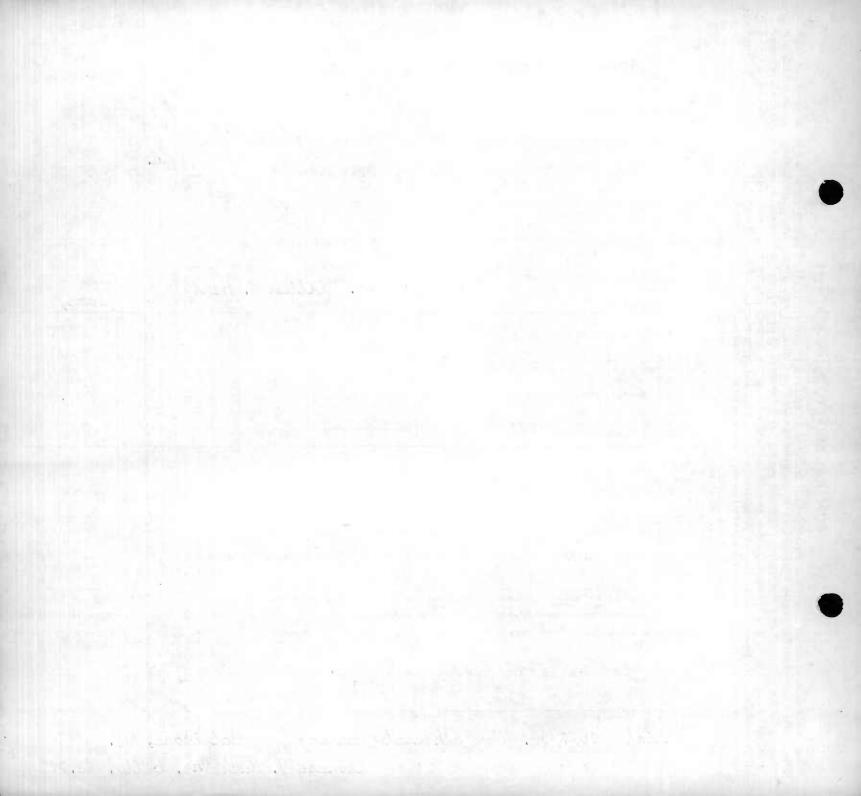
VS 150-REV. 1/1/65

(If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? Sina Mackay ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) pinian death occurred on the date 23B. DATE SIGNED Ruck Inc. Balto.

pass a for no entire relice

VS 150-REV. 1/1/65

1. NAME	o. 66 U	700.3	CERTIFICA	ATE OF DEATH	Registered Na	66 09854
(Type or F	OF DECEASED	e 11			D HOUR OF DEATH	115 H
2 81 4 6 6	E OF DEATH IN MALTIM	J. HEN	RY	9/28	166	1111 41
3. PLACE	E OF DEATH IN FALIN	MORE, MARTLAND		4. USUAL RESIDENCE (When	e deceased lived. If insti	tution: residence before admi
FULL	NAME OF (If not in	n hospitot or institut	ion give street	Md.		
	TAL OR oddress	or location)	Ton, give succi	C. CITY OR TOWN (If out	side city limits, write RU	Al and give township
				Britmore	#17 0	1 100
M	1. 1. 1	Coneval	Aospital		ural, give location)	
110	Aryland C	severa!	1401/11/	1531 pen	Tiles Rd	
5. SEX	6. RACE	7. MAR	RIED, NEVER MARRIED			If Under 1 Yr. , If Under 24
7	w	WIDO	OWED, DIVORCED (specify)		lost birthdoyl	Aonths Doys Hours A
			D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
1	ng most of working life, even	if retired)		Ballione.		WHAT COUNTRY?
	ouseur Le			1		OSA
3. FATHE	ERS NAME			14. MOTHER'S MAIDEN NAM		
C	larence	W. Snr	an Hear	Anna 6	roever	
5. Wos D	Deceased Ever in U. S.	Armed Forces?	116. SOCIAL			ADDRESS
Yes, no or	runknown) (If yes, give v	war or dales of serv	SECURITY NO.	Mr. William +	. Henry	10
NO	0			CHARI		(Same)
1B.	25.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDI	TON DIRECTLY		1 1-		ONSET AND DEAT
	LEADING TO	DEATH	(A) M	etastatic Carera	COMA OF OVAV.	2 years
(This	s does not mean the	made of dying,	e.g.,	**************************************	······································	· · · · · · · · · · · · · · · · · · ·
	t failure, asthenia, etc. y ar camplication whic		ase,			
	ANTECEDENT		(B)			
			DUE TO	**************************************	***************************************	18 m • 0 0 0 0 0 0 0 m 0 0 0 0 0 m 0 0 0 0
	ta the above car		14			
	DERLYING CONDITION		the (C)	**************************************	0000	
	- 11					
Z OTH	ER SIGNIFICANT COND	OITIONS CONTRIBL	ITING			
ĕ TO	THE DEATH BUT N	NOT RELATED TO	THE			
-	DATE OF OPERATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES WEDE EIN	IDINGS CONSIDERED
		WAS PERFORMED		No	IN CERTIFYING CAUS	ES OF DEATH?
= 0		EDI VING	218 91 ACE OF INITIBY /	in or about 21C. WHERE DID	(If in B-16 C	
D 21A	ACCIDENT WAS LINDS	I CAPILIFA .	INTER CE OF INJUKT (e.g.,	III MI GUUUTIZIMA WYFIERE DIID	ur in Bolilmore	
OR C	ACCIDENT WAS UNDE	EOF		office bldg., INJURY OCCUR?		City, give exact location)
OR C	ACCIDENT WAS UNDECONTRIBUTING CAUS	EOF	home, form, factory, street, etc.)	office bldg., INJURY OCCUR?		ity, give exact location)
OR C DEAT	TIME (Month) (Doy	EOF		office bldg., INJURY OCCUR?	JRY OCCUR?	ity, give exact locohoni
OR CO DEAT	TIME (Month) (Doy	se of No	21E INJURY OCCURRED	office bldg., INJURY OCCUR?	JRY OCCUR?	ity, give exact locotion
OR CODEAT	CONTRIBUTING CAUS  TH (notify medical examination of the control o	per) (Year) (Hour)	etc.)  21E. INJURY OCCURRED  While At Not Will Work  Not Will At Work	office bldg., INJURY OCCUR?  21F. HOW DID INJURE k		
21 A. / OR C DEAT OF IN (APPR	CONTRIBUTING CAUS I'M (notify medical exami TIME (Manth) (Don NJURY ROX.) I certify that (I) (this	pospital) attend	etc.)  21E. INJURY OCCURRED  While At Not Whork  Not Work  At Word  ed the deceased from	office bldg., INJURY OCCUR?  21F. HOW DID INJURY  21V / 66 1	9ta	28/66 19
21 A. / OR C DEAT OF IN (APPR	CONTRIBUTING CAUS I'M (notify medical exami TIME (Manth) (Don NJURY ROX.) I certify that (I) (this	pospital) attend	etc.)  21E. INJURY OCCURRED  While At Not Will Work  Not Will At Work	office bldg., INJURY OCCUR?  21F. HOW DID INJURY  21V / 66 1	9ta	28/66 19
21 A. JOR CO DEAT OF IN (APPR	TIME (Month) (Doy NJURY ROX)  I certify that (I) (this (I) (we) last saw the	hospital) attend	etc.)  21E. INJURY OCCURRED  While At Not Will Work  ed the deceased from an 9/25/66	office bldg., INJURY OCCUR?  21F. HOW DID INJURY  21F. HOW DID INJURY	9ta	28/66 19
OR CO DEAT OF IN (APPR 22. I that	TIME (Month) (Doy NJURY ROX)  I certify that (I) (this (I) (we) last saw the haur and fram the car	hospital) attend	etc.)  21E. INJURY OCCURRED  While At Not Will Work  ed the deceased from an 9/25/66	office bldg., INJURY OCCUR?  21F. HOW DID INJURY  21V / 66 1	9ta	28/66 19
OR CO DEAT OF IN (APPR 22. I that	TIME (Month) (Doy NJURY ROX)  I certify that (I) (this (I) (we) last saw the	hospital) attend	etc.)  21E. INJURY OCCURRED  While At Not Will  Work At Work  ed the deceased from  an 2566  e. (1) (We) (did) (dld nat)	office bidg., INJURY OCCUR?  21F. HOW DID INJURY  19 and the view the bady after death.	9ta	2.8/66 19 an death accurred an the
OR CO DEAT OF IN (APPR 22. I that	TIME (Month) (Doy NJURY ROX)  I certify that (I) (this (I) (we) last saw the haur and fram the car	hospital) attend	etc.)  21E. INJURY OCCURRED  While At Not Will Work  ed the deceased from an 2-5/6 6  e. (I) (We) (did) (did not)	office bidg., INJURY OCCUR?  21F. HOW DID INJURY  19 and the view the bady after death.	9ta	28/66 19
21A. J OF CT OF CT OF IN (APPR 22. I that	TIME (Month) (Don NUMBER)  I (certify that (I) (this (I) (we) last saw the haur and fram the care of the control of the contro	hospital) attend	etc.)  21E. INJURY OCCURRED  While At Not Will Work  ed the deceased from an 2-5/6 6  e. (I) (We) (did) (did not)	office bidg., INJURY OCCUR?  21F. HOW DID INJURY  19 and the view the bady after death.	9ta	2.8/65_19_ an death accurred an the
21A. J OR C DEAT OF IN (APPR 22. I that	TH (notify medical examination of the continuous medical examination o	hospital) attend	etc.)  21E. INJURY OCCURRED  While At Not Will Work  ed the deceased from an 2-5/6 6  e. (I) (We) (did) (did not)	office bldg., INJURY OCCUR?  21F. HOW DID INJURY  19 and the vlew the bady after death.  ttending Med. Director 23D. ADDRESS	9ta	2.8/66 19 an death accurred an the
O 21A. JO 21A. S 23C. P	TIME (Month) (Don NJURY ROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the care SIGNATURE  PHYSICIAM'S NAME (Type)  ELIGINATION	hospital) attend	etc.)  21E. INJURY OCCURRED  While At Not Will Work At Work  ed the deceased from  an 2566  e. (I) (We) (did) (did nat)  M.D. A  Pt	office bidg., INJURY OCCUR?  21F. HOW DID INJURY  19 and the view the bady after death.  Wed. Director  23D. ADDRESS  Manyland	9ta	28/66 19 an death accurred an the 3B. DATE SIGNED $9/28/66$
21A	TIME (Month) (Don NUMBER)  I (certify that (I) (this (I) (we) last saw the haur and fram the care of the control of the contro	hospital) attend	etc.)  21E. INJURY OCCURRED  While At Not Will Work  ed the deceased from an 2-5/6 6  e. (I) (We) (did) (did not)	office bidg., INJURY OCCUR?  21F. HOW DID INJURY  19 and the view the bady after death.  Wed. Director  23D. ADDRESS  Manyland	9ta	28/66 19 an death accurred an the 3B. DATE SIGNED $9/28/66$
O 12 A	CONTRIBUTING CAUSTIN (notify medical examination of the control of the control of the control of the caustin of	hospital) attend deceased alive uses stated abave	etc.)  21E. INJURY OCCURRED  While At	office bldg., INJURY OCCUR?  21F. HOW DID INJURY  19 and the view the bady after death.  123D. ADDRESS  May Land  REMATORY 24D. Le	Stoff Phys.   Coalent Hoocation  (City,	an death accurred an the 38. DATE SIGNED  9/28/66  town, or county) (Sh
O ZIA. A COLOR OF IN (APPR 22. I that and I 23A. S	CONTRIBUTING CAUSTIH (notify medical examination of the control of	hospital) attend deceased alive uses stated above DATE 24	etc.)  21E. INJURY OCCURRED  While At Not Will Work At Work  ed the deceased from  an 2566  e. (I) (We) (did) (did nat)  M.D. A  Pt	office bldg., INJURY OCCUR?  21F. HOW DID INJURY  19 and the view the bady after death.  123D. ADDRESS  Manyland  REMATORY  24D. LC	9ta	an death accurred an the 38. DATE SIGNED  9/28/66  town, or county) (Sh



a hospital and

6	6	Ū	9	85	5

BALTIMORE CITY HEALTH DEPARTMENT

CC HOSSE

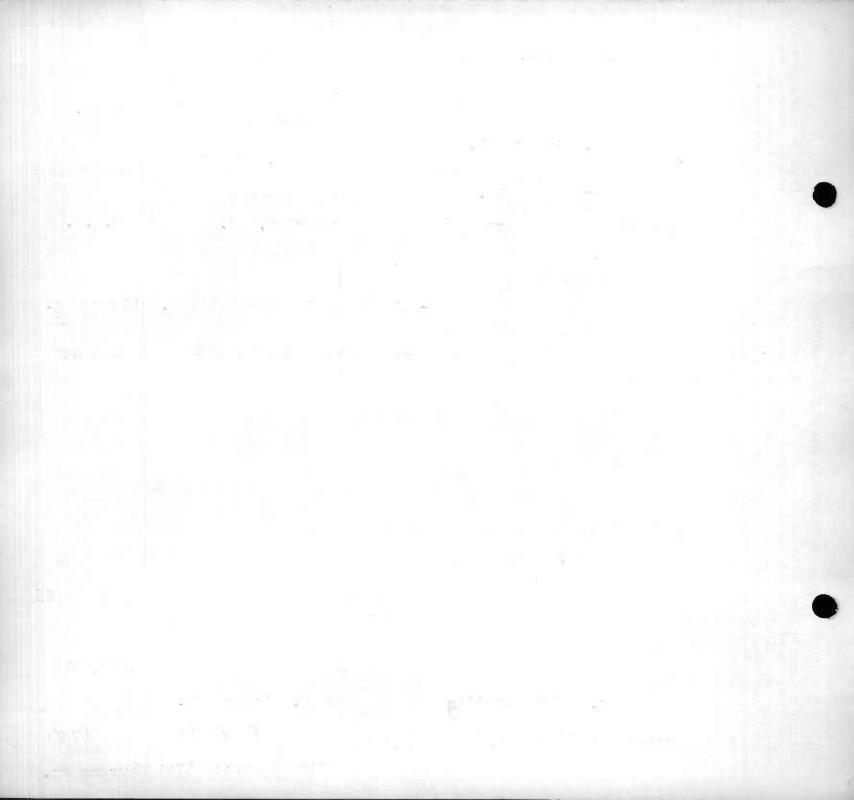
BIRTH NO.	66 0983	00	CERTIFICA	TE OF DEATH	Registered Na.	00 03033
M.E. CASE NO.  1. NAME OF DE (Type or Print)	CEASED Lucille Wil	liams		2. DATE AN 9/28	10 HOUR OF DEATH	
FULL NAME HOSPITAL OF		or institution, g	give street	Maryland B. COUN	ITY	stitution: residence before admission
INSTITUTION	906 N. Gilm	ore St		Baltimo		6-03
00	300 11, 0211	.020	tion.	906 N. (	Gilmore	
5. SEX	6. RACE Negro		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH april 27, 1869	9. AGE (In years lost birthday)	If Under 3 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most o	CUPATION (Give kind of wark of working lite, even if retired) ewife	108. KIND OF		Frederick,		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	Unk			14. MOTHER'S MAIDEN NA UNK	ME	
5. Was Decease Yes, na ar unknov	ed Ever in U. S. Armed Forman (If yes, give wor ar dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			none-unk	Isabel Mood	y 906 N.	Gilmore St.
DISEASES rise to 1 UNDERLYIN OTHER SIG TO THE DISEASE O	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) NG CONDITION last.  II  NIFICANT CONDITIONS C DEATH BUT NOT RELAR CONDITION CAUSING I	any, giving stating the ONTRIBUTING	6 E			
19A. DATE	OF OPERATION 198. CON WAS PERI	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
_ OR CONTRI	BUTING CAUSE OF  BUTING CAUSE OF  Cause of the community	21 B. ham etc.)	e, form, factory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  le At Not Wh		URY OCCUR?	
that (I) (we		d alive an	9/	20 66	19ta aat in(my) (aur) api	9/28 1966 nian death accurred an the da
23 C. PHYSIC NAME	ANS Pr. Ralph	h Reck		pending Med, Director 23D. ADDRESS 426 N. Gil	Stolf Phys.  more St.	9/29/66
24A. BURIAL CI REMOVAL Buri	REMATION, 248. DATE (Specify)	66 M	T. CALLUA	Ag t	77 A. Co.	ity, town, or county) (State)
25A. DATE REC	SEP 30 1966	25B. NAME C	PE REGISTRAR	Morton & D		ADDRESS

Morton

& Dyett

VS 150-REV. 1/1/65

1701 Laurens St



1-525

MEDICAL EYAMINED'S CEDTIFICATE OF DEAT

BIRTH NO.	MEDI	CALEX	AMINER 5 CI	EKTIFICATE	JEATH Regist	ered No
M.E. CASE NO.						
1. NAME OF DECEASI	ROBERT		JOHNSON		eptember 29, 19	
3. PLACE IN BALTIMO				4. USUAL RESIDENCE (	R. CO	stitution: residence before odmission) UNTY
FULL NAME OF () HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	THON, GIVE STREET	c. city or town (if Baltin		te RURAL and give township)
609 Gre	enwillow S	treet		D. STREET ADDRESS (I	rorol, give location) ceenwillow Stre	eet
5. SEX 6. RA	Negro		NEVER MARRIED SLVORCED (specify)	3/15/12	9. AGE (In years last birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of workin		108. KIND OF	BUSINESS OR INDUSTRY	Richmond		12. CITIZEN OF
James Joh	nson			14. MOTHER'S MAIDEN	Johns	on
15. WAS DECEASED EV			16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No. 18.			212-01-9068 CAUSE	Mrs Nellie	Billups 702 D	ruid Hill Ave INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CORSE TO THE ABUNDERLYING CONTROL OTHER SIGNIFIC TO THE DEAD DISEASE OR CO	CENDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) ST CONDITION LAST,  II ANT CONDITIONS TH BUT NOT REI NDITION CAUSING	NY, GIVING THE ATING THE CONTRIBUTION ATED TO THE IT.	H E			
90	WAS PER!		WHICH OPERATION	NO	IN CERTIFYING CAL	
21A, EXTERNAL CA UNDERLYING OR UTING CAUSE O	CONTRIB-	218, home, etc.)	PLACE OF INJURY (e.g., i form, foctory, street, o	in or obout 21C. WHERE ffice bldg., INJURY OCCL	DID (If in Boltimore City, ) JR?	give exoct locotion)
OF INJURY (APPROX.)	nth) (Doy) (Yeor	W	HILE AT NOT WAT W	WHILE	D INJURY OCCUR?	
22. I certify t	hat I held an I		/20		on this basis, deoth in	my opinion
ACTUAL SIGNATURE EXAMINER'	S Chanles	eule)	celdent Suicide			DATE SIGNED 9/29/66
NAME (Type 23A. BURIAL CREMATI REMOVAL (Specify) Burial		230	Mt Auburn	Cenetry	Baltimore M	y, lown, or county) (State)
24A. DATE REC'D BY H	EALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL DIR		ADDRESS  North Ave
VS 151-REV. 1/1/65		0 /	a de la constante de la consta	0 0	41	

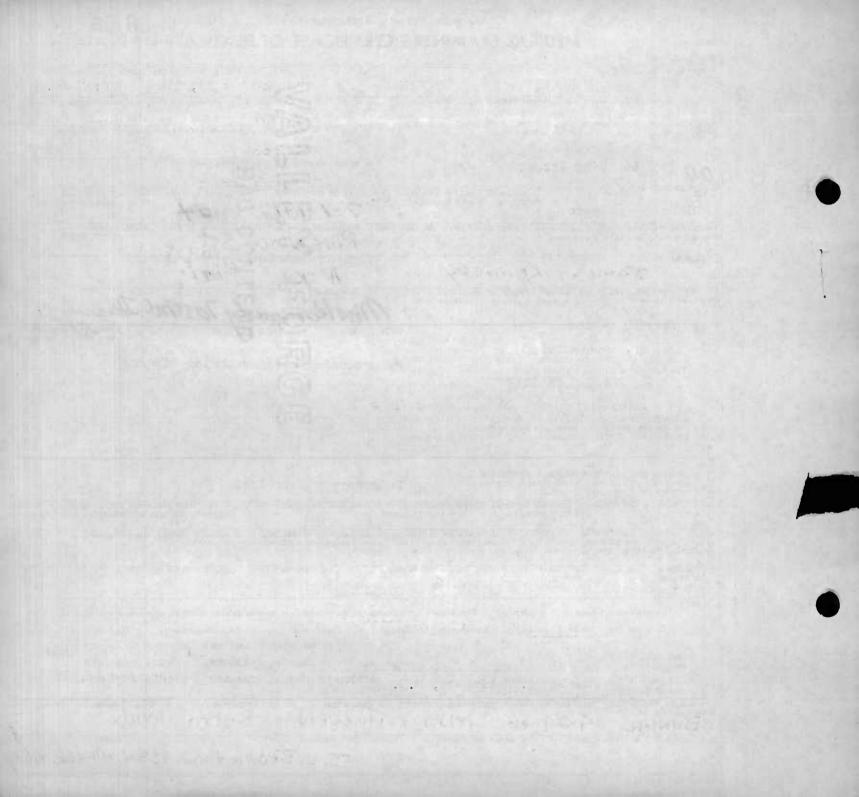
and the self to be self to show a self-

VS 151-REV. 1/1/65

IRTH NO. MEDICAL EXAMINER

MEDICAL	EV A MAINTED'S	CERTIFICATE OF D	EATHE
MEDICAL	EVWWIIIJEK 2	CERTIFICATE OF D	CA I U Kedizielea Ma

M.E. CASE NO.								
Type or Print						HOUR PRONOUNC		
	HENR	Y	KENNEDY		Septem	ber 25, 196	56 6	:32 P. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where	eceosed lived. If ins	titution: residence	e before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA		TION, GIVE STREET		aryland	corporate limits, write	e RURAL and gi	ive township)
					altimore		4	0
00	663 Vine Str	ee <b>t</b>		D. STREET ADD	.W.	give locotion) Street		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIKE	n	9. AGE (In years	Months, Doy	r. If Under 24 Hrs.
Male	Negro			7-1-		54		
	working life, even il retired)	NAD OF	BUSINESS OK INDUSTR		WUUD	S.C	12. CITIZEN O	
13. FATHER'S NA		V	-0.1	14. MOTHER'S, M	AIDEN NAME	V		
	JAMES	KENN	CDY	NO	RA	KIND		
	(If yes, give war or date		16. SOCIAL SECURITY NO.	Mas Lo	m nla	ly 705 M	ADDRESS n Hen	nyl
18. // /	3 V V 00	01	CAUSE	OF DEATH	1.0/20	1.0-		ERVAL BETWEEN
DISEA	SE OR CONDITION D	DECY V	Jan St. Jan St.	41	,			SET AND DEATH
	SE OR CONDITION DI LEADING TO DEATH		(A) Harr	artanciva	cardio	yascular di	Sease	
heart failure	not meon the mode of c, asthenia, etc. It means implication which caused	the disease,	DUE TO	CI CCIIO A V.C	Carary			
					V			
	OR CONDITIONS, IF A		(B)		***************************************			************************
RISE TO TH	TE ABOVE CAUSE (A) S'	TATING THE	DOE 10					
	NO CONDITION EAST.		(C)					00°00000000000000000000000000000000000
12	11				100			-
O THE	N)F)CANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO TH	IG Pul	lmonary tu	berculos	sis		
19A. DATE O	POPERATION 198, CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY	? (Yes or No) 2	OB. IF YES, WERE FI	NDINGS CONS	IDERED
O	WAS PER	FORMED		Yes	S )	N CERTIFYING CAU	SES OF DEATH	?
UNDERLYING	OR CONTRIB-	21 B. P home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. V	HERE DID	in Boltimore City, gi	ive exact locatio	n)
E 21D TIME	(Month) (Doy) (Yeor	) (Hour) 21	E. INJURY OCCURRED	21F. H	OW DID INJUI	RY OCCUR?		
OF INJURY (APPROX.)		m. W		WHILE				
22. 1 cer	tify that I held an 1	nquiry 🗌	Inspection Au	opsy X and	d that an this	basis, death in r	my opinian	Neille.
resu	Ited fram: Natural ca	uses X A	ccident Suicid	e Hamici	de U	ndetermined mann	er	
	101	1 1	().	CHIEF M	EDICAL EXA	MINER _		ATE SIGNED
SIGNAT		3 V.0	M.D.	ASSISTANT M	EDICAL EXA	AMINER K	D.	ATE SIGNED
EXAMIN NAME (	NER'S Charles	S. Spri	ngate, M.D.	ASSOCIATE M			ptember 2	26, 1966
23A. BURIAL CRE	MATION, 238, DATE	230	. NAME of CEMETERY	CREMATORY	23D. LO	CATION (City	, town, or county	y) (State)
REMOVAL (Specific BURI)		-66	MOUNT	Auburr	1 0	SALTO	Md.	
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME (	OF REGISTRAR		AL DIRECTOR		ADDR	
	OCT 3 1988	DO DE	12 72 2	T.L	BROW	IN FSON 1	23 W. N	nonteonic



BIRTH NO. 66 U9859		TE OF DEATH A Registered N	66 09859
M.E. CASE NO. 1. NAME OF DECEASED	CERTIFICA	2. DATE AND HOUR OF DEA	TH
(Type or Print) DI MARZO, LI	LLIAN G.	9-28-66	4:30 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institut	ion, give street	A. STATE B. COUNTY	If institution: residence before admissia
HOSPITAL OR address or lacotion) INSTITUTION	son grow ones.	C. CITY OR TOWN (If outside city limits, we JESSUP	ite RURAL ond give township)
4 ST ACHES HOSPITAL		D. STREET ADDRESS (If rural, give location)	
ST AGNES HOSPITAL	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	
FEMALE WHITE	ARRIED (specify)	4-1-06 lost birthday	If Under 1 Yr, If Under 24 Hr Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during open of work 10B, KIN	of Business or industry	WASHINGTON, D.C.	12, CITIZEN OF WHAT COUNTRY?
CIWILNOWN		14. MOTHER'S MAIDEN NAME GRACE DAY	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no arunknawn) (If yes, give war ar dates of serv			ATON AVES. 21229
NO	CAUSE O	ST AGNES HOSPITAL RE	INTERVAL BETWEEN
DISEASES OR CONDITIONS, if any, gi rise la like obave cause (A) stoling UNDERLYING CONDITION lost.  OTHER SIGN(FICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	The (C) CLN	EVHD.	Idays
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, at etc.)	n ar about 21 C. WHERE DID (If in Balti	more City, give exact lacotion)
DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this beeptral) attend		9-27- 19166.	9 /28 1966
that (1) (we) last saw the deceased alive and haur and fram the causes stated above		19 66 and that in (pay) (aur)	apinian death accurred an the de
23A. SIGNATURE LEYMONDEUT	& -	ending Med. Stoff	23B. DATE SIGNED 9/28/66
23C. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS	LINTUICIM MD
LFYMOND LOTT 24A. BURIAL CREMATION, 24B. DATE 24B. BURIAL (Specify) BURIAL (Specify)	C. NAME OF CEMETERY OF CRI	EMATORY 24D. LOCATION BLADENSB	(City, taxes, ar county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRPCTOR	1400 CHADRESS WASH. DO.
VS 150-REV. 1/1/65		0 0 0 0 0	

-

TELLIFORMAL LIFT LIGHT

CO BO-1-6 STIMM STIMS STIMS

institution, c. 1.

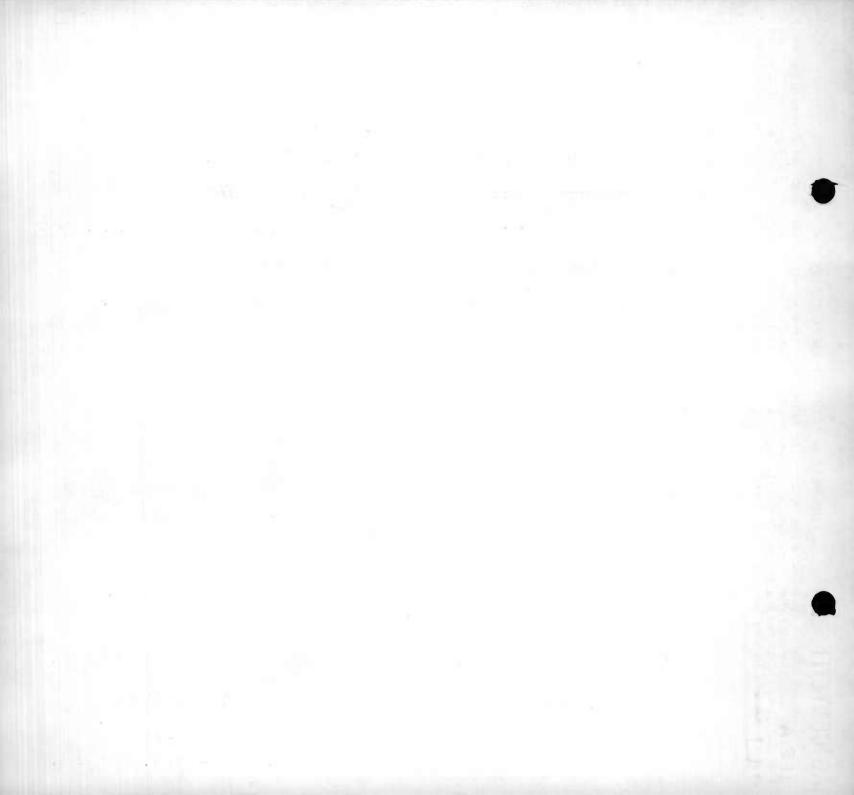
ET ME SELVE METERS OF THE SELVE OF THE SELVE

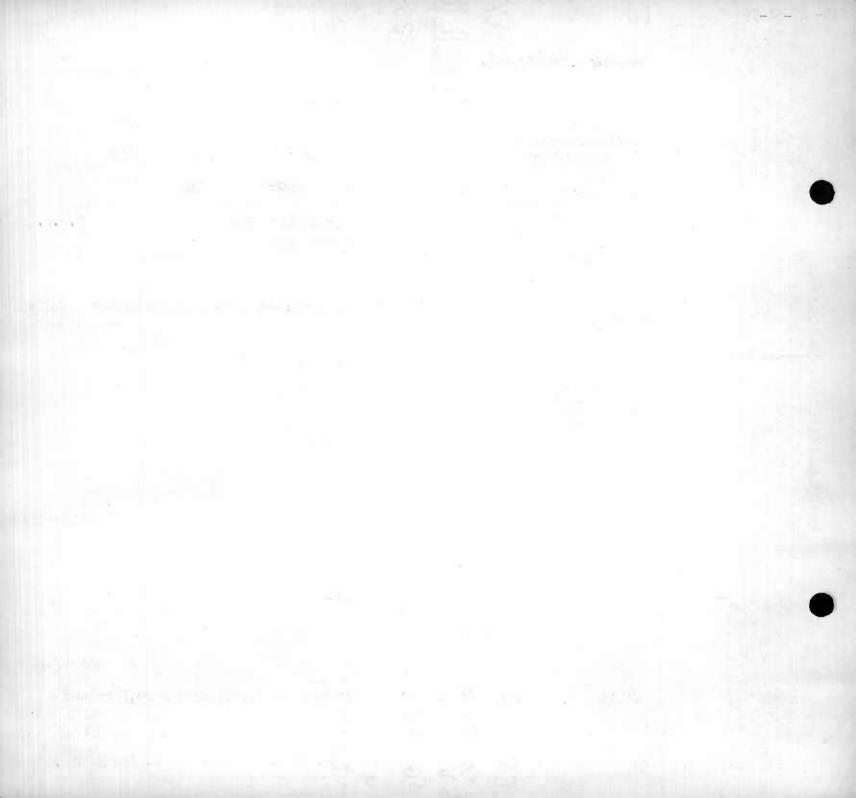
AND THE RESERVE AND THE PARTY OF THE PARTY O

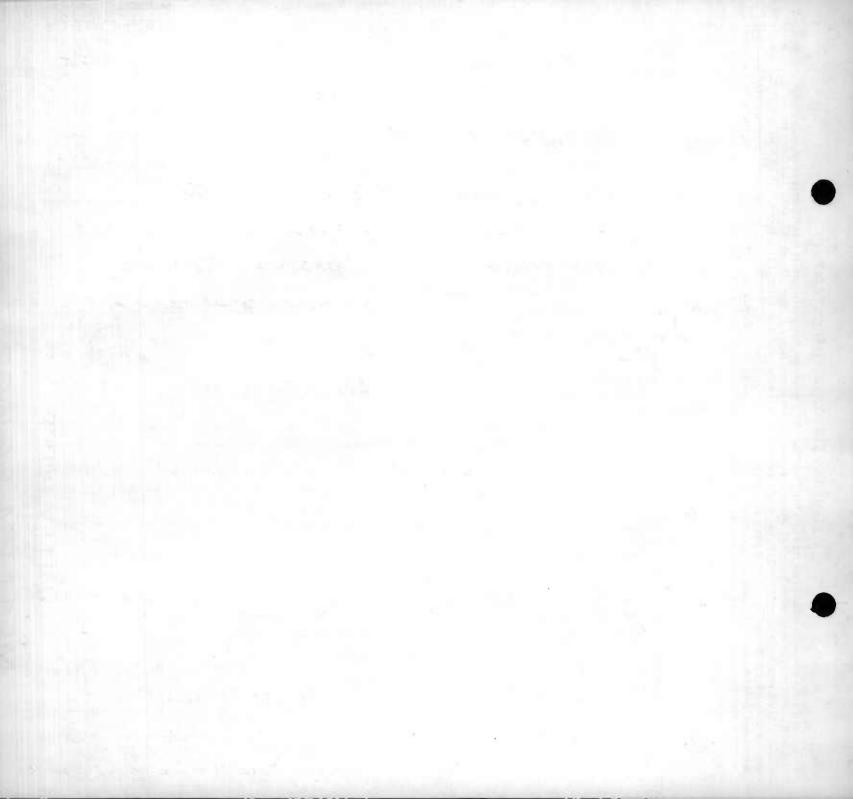
TO SWIFT TO THE STATE OF

TAGE THOUGHT

6	66 09860		197	HEALTH DEPARTMEN		66 09860
M.E. CASE NO.	00000		CERTIFICA	TE OF DEAT	H Registered No	. 60 00000
I. NAME OF DECI		14.		2. DA1	E AND HOUR OF DEAT	H 7/0
H	Umbert Do	whih	>		9/30/6	6 / AM
S. PLACE OF DEA	TH IN BALTIMORE, MA	KILAND		A. STATE B. C	COUNTY	institution: residence before admiss
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location		on, give street	Maryland c. city of town	(If outside city limits, write	RURAL ond give township)
33				Baltimore D. STREET ADDRESS	(If rurol, give locotion)	
The John	s Hopkins	Hospi	tal	2903 Clif	ton Avenue	
• SEX	6. RACE	7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Months: Doys : Hours : Min
Male	Negro Coiored	Marr	wED, DIVORCED (specify)	12/25/18	47	Politins Doys Hours Polit
OA. USUAL OCCL	PATION (Give kind of wor	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF
lane during most of v Welder	varking life, even if retired)	II.S.	Coast Guard-	D	a	WHAT COUNTRY?
3. FATHER'S NAA	A F	0.00		Princeton S	U.S.A.	
O. AIIIEKS HAN						
	Dawkins				eaks	
5. Was Deceased	(If yes, give wor or date	rces? es of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			251-10-0338	Viola Dawkin	ns- 2903 Clif	ton Ave.
18.	2 V I		*	OF DEATH		INTERVAL BETWEEN
OTHER SIGNITO TO THE DIDISEASE OR	R CONDITIONS, if obave cause (A) CONDITION lost.  II FICANT CONDITIONS CEATH BUT NOT REL CONDITION CAUSING OPERATION 198. CON WAS PER	Stoling CONTRIBUTATED TO	TING THE Probable			E FINDINGS CONSIDERED AUSES OF DEATH?
	WAS FER	FORMED		No	IN CERTIFING C	AUSES OF DEATH:
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examiner	_	21B PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or obout 21C. WHERE D	tD (If in Baltime R?	ore City, give exact location)
0 21D. TIME	(Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?	
OF INJURY			While At Not Whi			
	1 4 4 1 1 1 1	()	Work At Work		10.00	0120
			d the deceased fram	2/-	19 66 ta	9/30 19 6
that (We)	last saw the decease	ed alive a	9/30	19 <i>6.6</i> ar	nd that in (the (aur) a	pinian death accurred an the
		ted abave	. (We) (did) (did est)	view the bady after de	ath.	
23A. SIGNATU	RE	6	9/			23B. DATE SIGNED
m	may a	, X	M.D. All Phy	ending Med. Director [	Stoff Phy s.	7/50/66
23C. PHYSICIA				23D. ADDRESS		
NAME (T)			M.D.	Mhe Tohur	Honking Ho	nital
	cay A. Katz		. NAME of CEMETERY of CR	THE JOHNS	Hopkins Hos	
REMOVAL (S	pecify)	-				City, town, or county) (Stor
Burial	10/6/6		rbutus Memorial		Baltimore Co.	
5A. DATE REC'D	BY HEALTH DEPT.	25B. NAN	NE OF REGISTRAR	Herbert E		W. North Ave.
S 150-REV. 1/1/6	5				3	







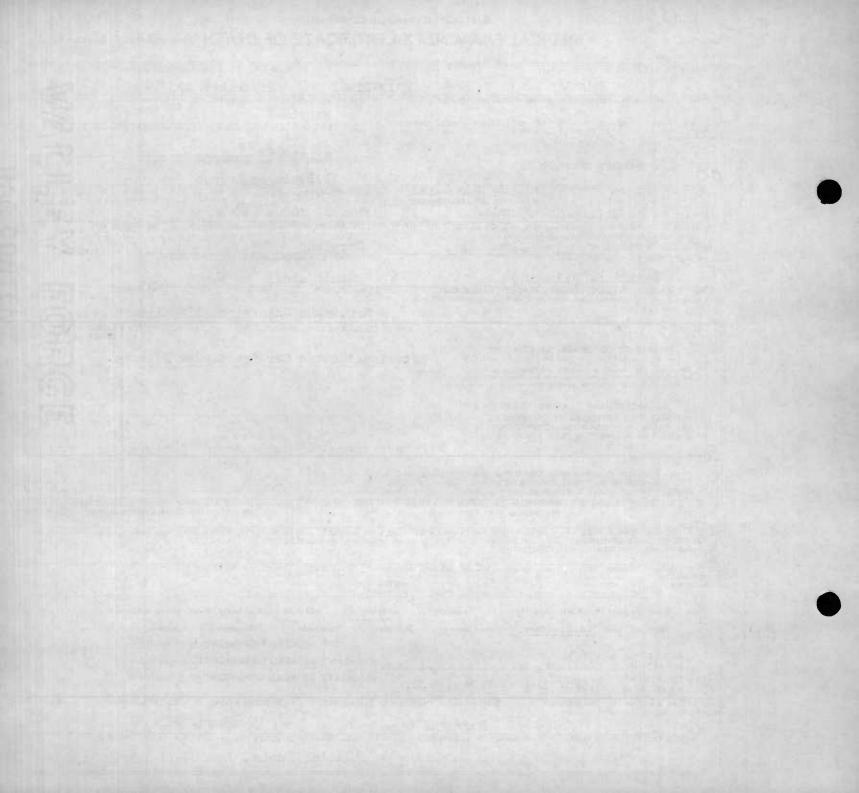
V\$ 150-REV, 1/1/65

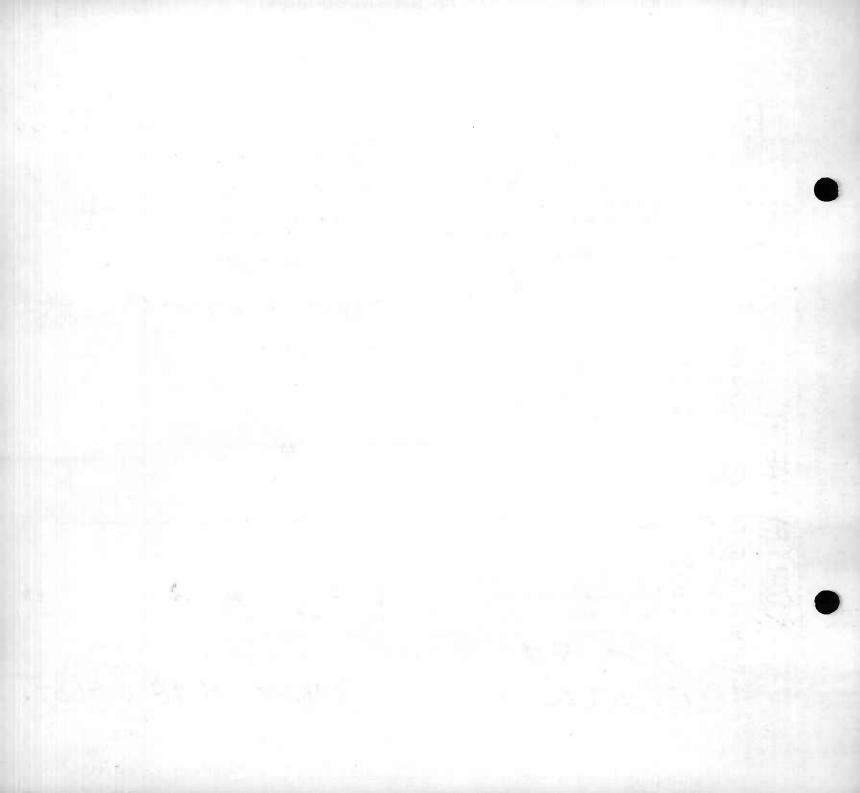
(APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an ....and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave. (1) (Wat (did ) (did nat) view the bady after death. 23B, DATE SIGNED Attending Med. Staff 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Albert B. Bradley 4900 24A. BURIAL CREMATION, 24B. DATE REMOVAL | Specify) 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) Burila 9/30/66 Parkwood Cemetery Parkville, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Ullrich Funeral Home 4210 Belair Road.

Booking Coming Ship ? 22/2/8 The o any

## MEDICAL EXAMINED'S CEDTIFICATE OF DEATH

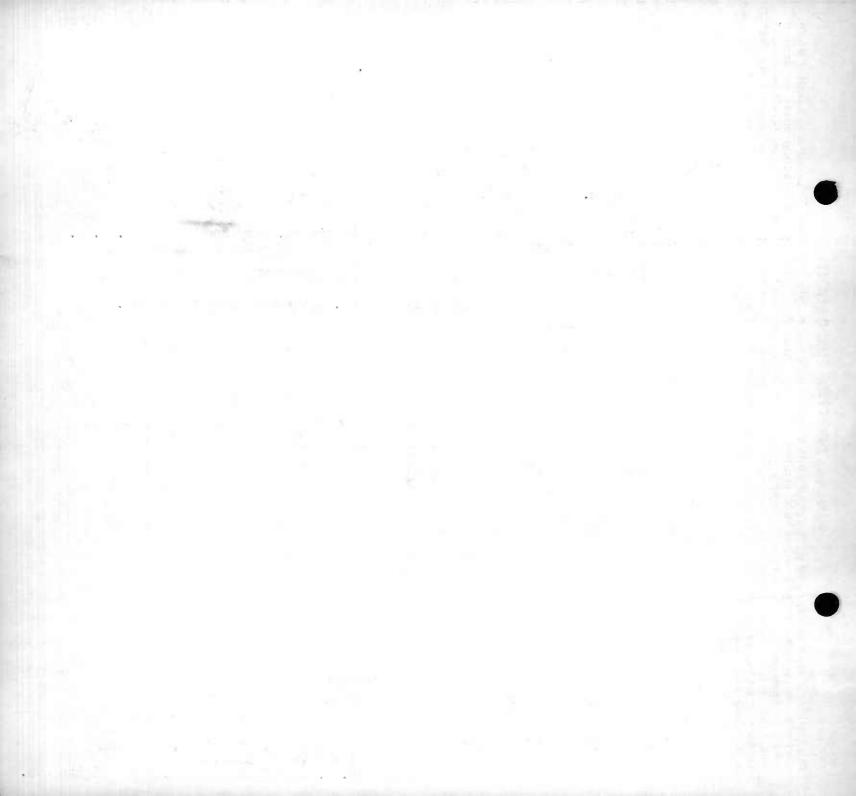
RIKI	H NO.	MEDI	CALE	AMIIYEK 3 CI	EKTIFICA	IE OF L	JEAIN Kegist	erea No.
M.E	CASE NO.							
	AME OF DECEAS	ED				2. DATE AN	HOUR PRONOUN	CED DEAD
/ /		CHARLES	I	WAIN	WRIGHT	Sep	tember 29,	1966   1:25 P M.
3. PI	ACE IN BALTIMO	RE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	evland	deceosed lived. If in: B. CO	stitution: residence before odmission) UNTY
HOS	L NAME OF IPITAL OR ITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TO	WN (If outside	e corporote limits, wri	te RURAL and give township)
00	3133 #1	mora Avenue	2		D. STREET ADD	ltimore RESS ((f rural, B Elmora		0 01
5. \$1	N 4   12   14	ACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	Н	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
_	lale	White		BUSINESS OR INDUSTRY	Feb. 1,		66	12. CITIZEN OF
done		ng life, even if retired)	111111111111111111111111111111111111111	Mfgr.	Marylar		n country)	WHAT COUNTRY?
13. F	ATHER'S NAME				14. MOTHER'S N			0.0.4.
	Samıı	el E. Wainy	micht.		Mamie	Aboll		
	AS DECEASED E	VER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	MUCLL		ADDRESS
	No				Mrs. Ann	na Wainw	right 3155	Elmora Ave.
Ö	(This does not the heart failure, ast injury or complication of the heart failure, ast injury or complication of the heart failure, as the heart failure of	WAS PER	dying e.g., the discose, deoth.)  S NY, GIVING ATING THE  CONTRIBUTII ATED TO T IT. DITION FOR	(B) DUE TO  (C)	20A. AUTOPSY Yes	7? (Yes or No)	OVASCULAR DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA D	INDINGS CONSIDERED
MEDIC	21 A. EXTERNAL CAUNDERLYING OR UTING CAUSE C	CONTRIB-	etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o	thee bldg., INJUR	r OCCUR?	If in Boltimore City, 9	give exact location)
	(APPROX.)	onth) (Doy) (Year	V	VHILE AT NOT VORK	WHILE	OM DID INTU	ORY OCCUR?	
	22. I certify	that I held on li	nquiry	Inspection Aut	opsy X an	d that on thi	s bosis, deoth in	my opinlon
	resulted	from: Notural cou	ses X A	ccident Suicide	-		Indetermined mon	ner
	ACTUAL SIGNATURE		ile)	Luy M.D.	ASSISTANT M	EDICAL EX		DATE SIGNED 9/29/66
	EXAMINER'	e) Charl		etty, M.D.	ASSOCIATE M			
	BURIAL CREMAT	ION, 23B. DATE	23	C. NAME of CEMETERY o	CREMATORY			y, town, or county) (Stote)
Bu	rial	10/3/6	6	Lorraine Ceme	tery	W	oodlawn, Md	
24 A.	DATE REC'D BY	T 3 1988	248, NAME	of REGISTRAR	24C. FUNER	al director h Funera	al Home 421	.O Belair Road
VS	151-REV. 1/1/65			A CONTRACTOR OF THE PARTY OF TH				



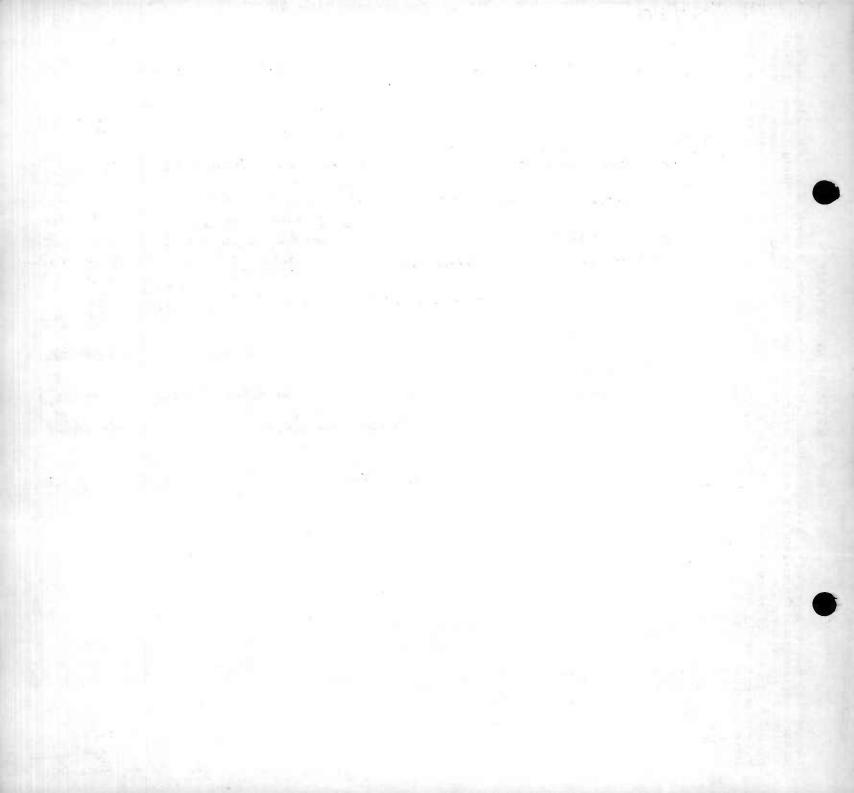


VS 150-REV. 1/1/65

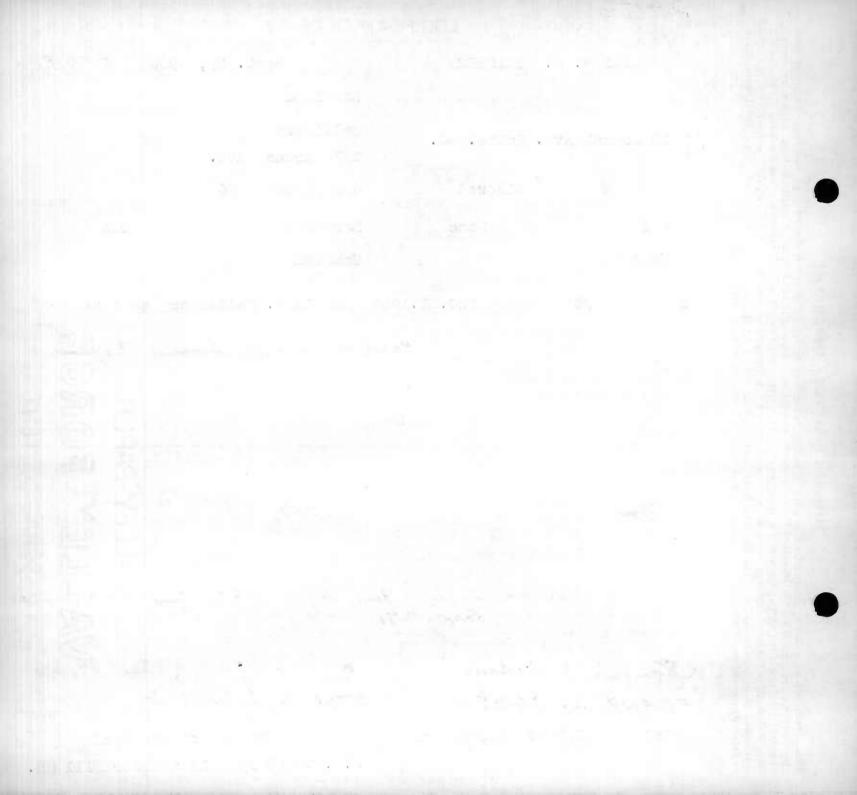
	A 0.0000		BALTIMORE CIT	Y HEALTH DEPARTMENT		66 00866
BIRTH NO. 6	6 09866		CERTIFICA	TE OF DEATH	Registered N	66 09866
M.E. CASE NO.			CERTIFICA		AND HOUR OF DEA	-11
Type or Print)	CEASED					IH 3 0m
	SAPP, H	ARK	> Bernard	Sr. 9/-	28/66	1: 35 P.N
3. PLACE OF DE	ATH IN BALTIMORE, MA	ARYLAND		A, STATE B. CO	Vher€ deceased lived. I ∙UNTY	f institution: residence before admission)
CITE NAME C	NE (If not in hornital	or institution	ave street	MARTLA	VI)	27-17
HOSPITAL OR			give street	C. CITY OR TOWN III	outside city limits, wri	te RURAL and give township)
INSTITUTION				RALTO.		
				10//	(If rural, give location)	
,1 SINA	1 HOSP.	of BA	LTO.	5-306 M	BREAL	15
1689	6. RACE	TO MANDED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
Male	Cauc.		D, DIVORCED (specify)	7-27-87	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or	foreign country	12. CITIZEN OF WHAT COUNTRY?
	working life, even if retired)		2 70 1 1	D. 74.	Ma 7 2	
Pain		Rea	l Estate	Baltimore,	Maryland	U. S. A.
3. FATHER'S NA	WE			14. MOTHER'S MAIDEN	AME	
	Unknown			Unkno	wm	
5. Was Deceased	Unknown d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	1123	ADDRESS
	n) (If yes, give wor or do	es of service)	SECURITY NO.	N D-11 0	FOOL 15-	ml a Arra
Yes	WW 1		215 03 1718	Mrs. Ruth Sa	thb 2200 Wa	
1B. 2 6	OXI		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION D		8			
	LEADING TO DEATH		(A) pec	The deader	re are do.	a 3 day
	nal meon lhe made a , aslhenia, elc. Il mean		DUE TO			
	mplication which cause		D	1 mg. 4.	0-5	many years
	ANTECEDENT CAUSE	S	(B)	iall- n	ocus	many years
			DUE TO		0	0 0
	OR CONDITIONS, if ne abave cause (A)		10) Pa	lucosary	mace pais	nce Severa
	G CONDITION last.				11	1
	- 11					1
OTHER SIGN	IIFICANT CONDITIONS					
	DEATH BUT NOT REL		1E			
19A. DATE O	F OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? IYes or	No 20B. IF YES, WE	RE FINDINGS CONSIDERED
	WAS PE	RFORMED			IN CERTIFYING	CAUSES OF DEATH?
19A. DATE O	ENT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DIE	O (If in Bolti	more City, give exact facation)
OR CONTRIB	UTING CAUSE OF	hor	ne, farm, factary, street,	affice bldg., INJURY OCCUR	?	
O	y medicol examiner)					
OF INJURY	(Month) (Day) (Year	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
€ (APPROX.)			nile At Not Wh			
20 1 14	1 (1) (1) 1			9	1966 to	9.7 2 0 10 6 6
22. I certify	y that (I) (this hospite	ol) offended	the deceosed from			19 0 C
that (I) (we	) last saw the deceos	ied alive on.	sept 28	19 and	that in (my) (our)	apinion death accurred on the da
ond hour or	nd from the couses st	oted obove. (	I) (We) (did) (did not)	view the body ofter deo		
23A. SIGNAT		_				23B, DATE SIGNED
4		00 1		ttending Med.	Stoff	9/28/66
Here	aceo y	14.	PI PI	ys. Director L	Phys.	11-0/66
NAME (				23D. ADDRESS	200	
GERA	ARDO YPIL	- 11.	4. D. M.D	SINAIH	OSPITA	
24A. BURIAL CR	EMATION, 24B. DATE		AME of CEMETERY of C	REMATORY 24E	LOCATION	(City, town, or county) (State)
REMOVAL	(Specify)					
Buria	1 30 SEF	66 Ba	ltimore Natio	nal Cemetery	Catonsville	Maryland
ZOA. DATE REC'I	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	1. 6 value	Sammer	ADDRESS
	UC 3 1956	KIR Dock	TE, VOUS THE	J. E. Lowe.	11 Lemmon 46	ll Park Heights Ave.

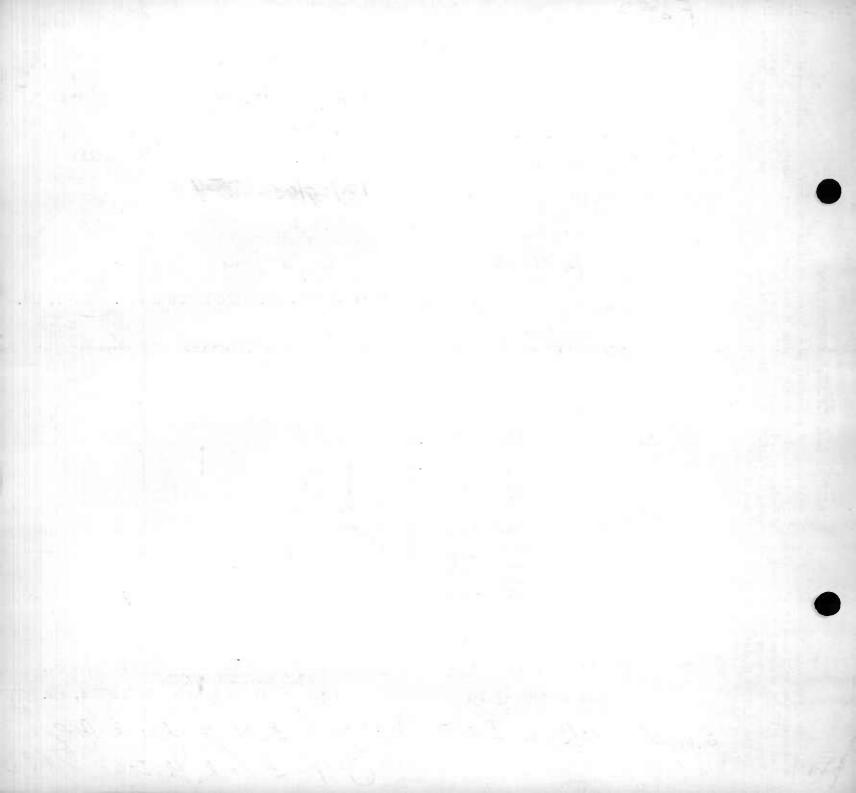


M460	BALTIMORE CITY	HEALTH DEPARTMENT		
BRTH NO. 66 09867	CERTIFICA	TE OF DEATH	Registered No.	66 09867
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Miller San	Doe.	Sent	29.191	66 1200 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A, STATE B. COUNTY	doceosed lived, If instit	tution; residence before admission)
FULL NAME OF (If not in hospital or institution	on, give street	Bullinger	manula	44.6
HOSPITAL OR oddress or locotion) INSTITUTION	3.0	C. CITY OR TOWN (If oursi	de city limits, wate RUI	RAL dod give township)
42		Frelhouse		21-20
- 11 11 0	D //	D. STREET ADDRESS (If iur	ol, give location)	
Sinci Hospital of	Ealtimore.	6512 Yark	Kerolets	aue.
	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In eors	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
re. Cauc. U	ordawed.	3/14/1900	66.	
A, USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Housewite.		Russia.	Marie Contract	USA 2
3. FATHER'S NAME Sha	. /	14. MOTHER'S MAIDEN NAME	015	Engl
an angener	June	tarte lason	O.	and more
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown)(If yes, give wor or doles of service	16. SOCIAL	17 INFORMANT	nie B. m	ADDRESS
4160	21902	Bulleten	neces.	a soo
18. // 0 0 0 1 1/6 0 V	CAUSE O	F DEATH	Farne	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		, , , ,	2	ONSET AND DEATH
LEADING TO DEATH	(A) Cond	restore heart to	ulene.	Ruelks.
(This does not mean the made of dying, e. heart failure, asthenia, etc. It means the disea	.g., DUE TO (	- ши о «По о Фо о мо «Ма Рео о о о «Ва и и «Ма Хийч» по о В асто о би о и Ж	Trans area (	
injury or camplication which caused death.)		1. / /	1 5	
ANTECEDENT CAUSES	(B) ACLE	woosclero he he	est viscose	-years
DISEASES OR CONDITIONS, if any, givi		sal fuiture.		1
use to the above cause (A) stating I UNDERLYING CONDITION last.	he (C) <u>Rel</u>	ice tulling		accuracy.
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT		- 00 /		
DISEASE OR CONDITION CAUSING IT.	Habeles.	mellitis.		194eaves
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	IDINGS CONSIDERED
W		no		
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
DEATH (notify medical examiner)	etc.)			
OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(A PRECY)	While At Work Not While At Work			
22. I certify that (1) (this hospital) attende	d the deceased from Sa	ext-16, 19	10100 SP	Df. 29 1966
that (I) (we) last saw the deceased alive a	1 -6			on deoth occurred an the dot
and hour and from the causes stated above	1		in (in) (tob) opinio	on doon occorred an me do
23A. SIGNATURE	. (1) (me) (did) (did not) V	lew the body offer deofn.	12	3B, DATE SIGNED
0 = 1 1. 1	M.D. Atte		off	6 1 20 1011
THE PHYSICIANS	Phy	s. Director Pt	lys.	Sept. 24,1966
Z3C.PHYSICIAN'S NAME (Type)		230. ADDRESS	10	
	eva M.D.	Simai Hos	prtal.	
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 240, LOC	CATION (City,	town, or county) (Stote)
Jurial 0052/966	lushee no	usen flor	eddle	med.
	E OF REGISTRAR	25C. FUNERAL DIRECTOR	1 -	100 G
OCT 3 1966 (P. 2.2.)	J.E. STOLES, MAN	fuch Jean	wo do a	100 Gular 1
/S 150-REV. 1/1/65				



PLACE OF	HELEN R. J. DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE IW A, STATE B, CO Maryland	pt . 29 1 here deceased lived. I	966   5.50 P. I institution: residence before admi
HOSPITAL C	R oddress or location	1)		c. city or town (If Baltimore	outside city limits, wri	te RURAL and give township)
20	- 12 (010)11 1240	Date	OF PAGE	2938 Aruna		
sex F	6. RACE		D. DIVORCED (specify)	B. DATE OF BIRTH 6/28/1880	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours N
	of working life, even if retired)		F BUSINESS OR INDUSTRY Home	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	aknown			Unknown	IAME	
es, no or unkno	sed Ever in U. S. Armed Far.	ces? s of service)	1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	NO		220.01.120	2 Donald F.	Heiderman	n same as # 4
heart failuinjury ar d	LEADING TO DEATH s not mean the mode of re, asthenia, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	the disease, death.)	IB) DUE TO	die - Vascu	las Bises	re 3 year
OTHER SIT	s nat mean the mode of re, asthenia, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if	Ihe disease, death.)  any, giving stating the ONTRIBUTIN	DUE TO  (C)	die Vascu	las Bises	re 3 year
OTHER SIT TO THE DISEASE OF THE DISE	s nat mean the mode of re, asthenia, etc. It means complication which caused ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) ING CONDITION last.  III  SNIFICANT CONDITIONS COMEAN BUT NOT RELADER CONDITION CAUSING IOF OPERATION 19B. CON WAS PERI	The disease, death.)  any, giving stating the ONTRIBUTIN TEO TO TH.  T.  DITION FOR FORMED	DUE TO  (C) WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIT OF THE DISEASE OF THE DISE	s nat mean the mode of re, asthenia, etc. It means complication which caused ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) ING CONDITION last.  ING CONDITION CONDITIONS CODEATH BUT NOT RELA DR CONDITION CAUSING I OF OPERATION 1798. CON	The disease, death,)  any, giving stating the ONTRIBUTING TO THE T.  DITION FOR ORMED	DUE TO  (C)  WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street, company,		No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED
OTHER SITO THE DISEASE OF THE DISEAS	s nat mean the mode of re, asthenia, etc. It means complication which caused ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) ING CONDITION last.  II SNIFICANT CONDITIONS CODEATH BUT NOT RELA OR CONDITION CAUSING IT OF OPERATION TO THE CONDITION CAUSE OF THE CONDITION	The disease, death.)  any, giving stating the ONTRIBUTIN TEO TO THE TEOREM TO THE TEOR	WHICH OPERATION  B. PLACE OF INJURY (e.g., nee, form, foctory, street, co.)  E. INJURY OCCURRED Not White At Not White	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIT TO THE DISEASE OF INJURY OF INJURY (APPROX.)	s nat mean the mode of re, asthenia, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) ING CONDITION last.	The disease, death.)  any, giving stating the CONTRIBUTIN (TEO TO THE T.  DITION FOR FORMED  21E (Hour) 21E (W. W. W	WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street, octor)  E. INJURY OCCURRED hitle At Work At Work At Work	20A. AUTOPSY? (Yes or in ar about 21C, WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WE IN CERTIFYING  (If in Bollin  NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIT TO THE DISEASE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I cert that (I) (vand hour 23A. SIGN/	s nat mean the mode of re, asthenia, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) ING CONDITION last.	The disease, death.)  any, giving stating the CONTRIBUTING TO THE T.  DITION FOR CORMED  21E hor etc.  (Hour) 21E WY.  W.  attended to dalive an  red abave. (	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, color).  I. INJURY OCCURRED  Not Which orik Not Work At Work the deceased fram.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WE IN CERTIFYING  (If in Bollin  NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exoct locotion)  29  19 Copinian death occurred on the

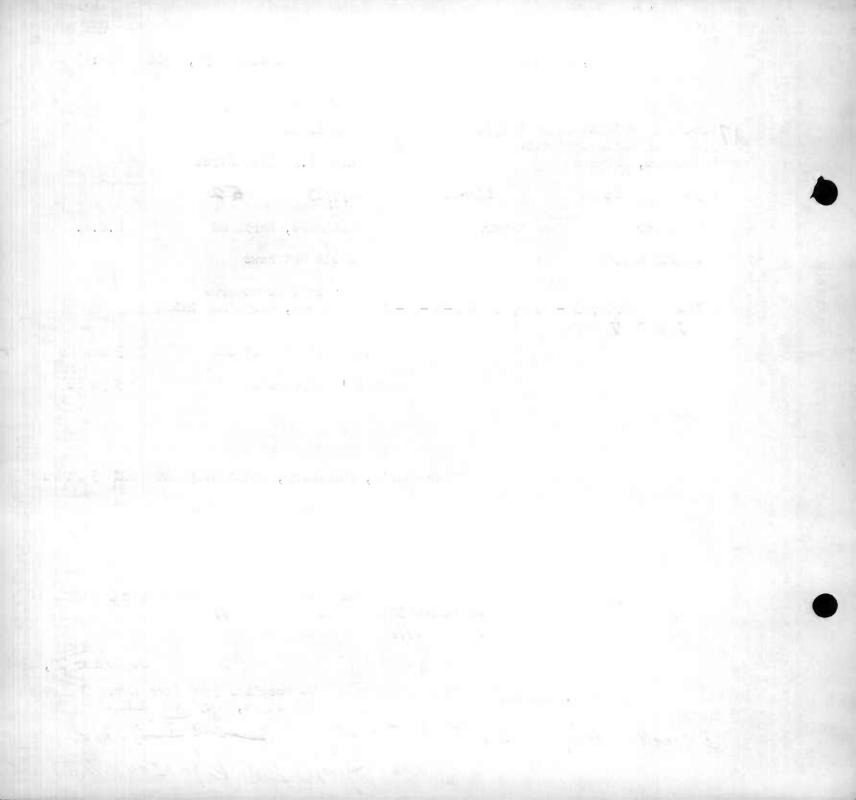




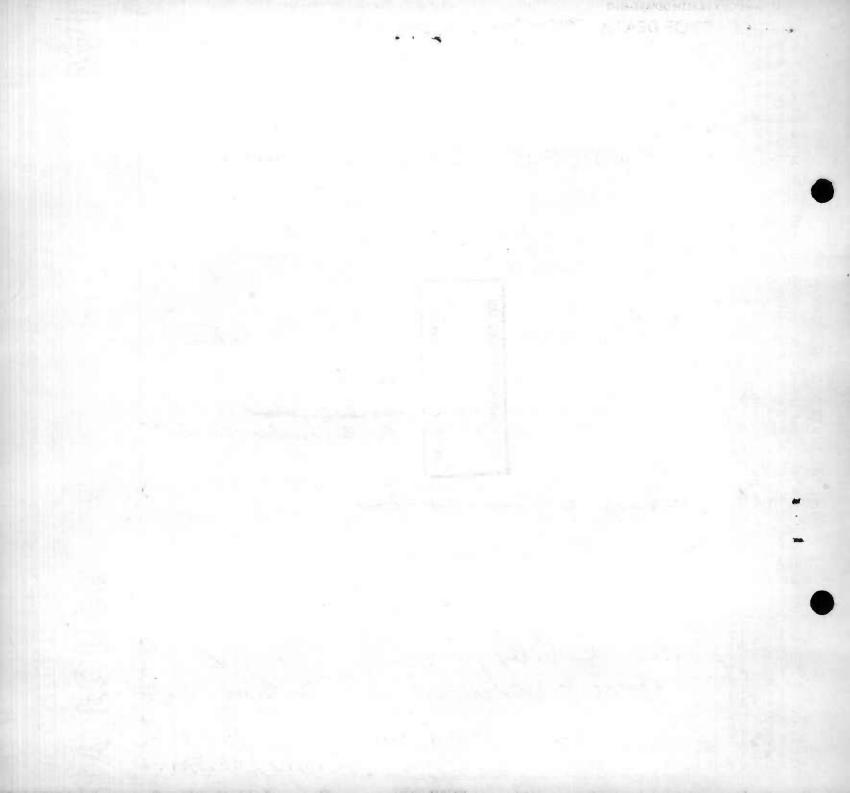
IMPORTANI

DIRECTOR:

FUNERAL



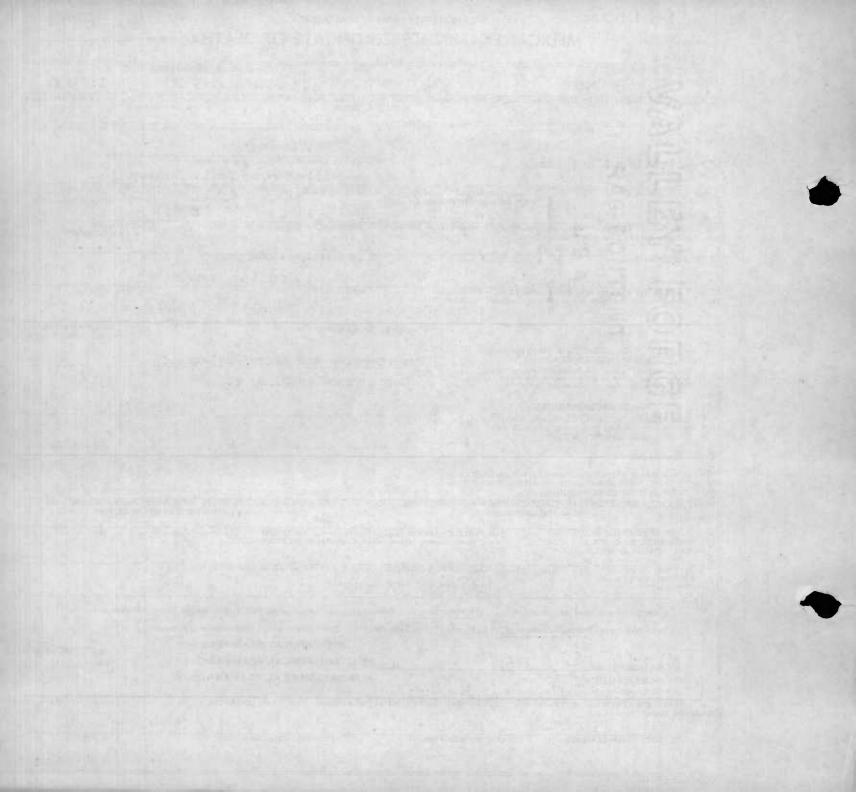
(Type o	ASE NO. (E OF DECEASED or Print)	SUMTER	e 131	CERTIFIC		2, DATE	9-29-	16 1030 H
		BALTIMORE, MAR	YLAND		A. STATE	B. COL	here deceased lived. If	institution: residence before admiss
HOS	PITAL OR	(If not in hospital of oddress or location)			C. CITY OR  Balt  D. STREET	TOWN (IF		RURAL and give to (vnship)
201	HEKHIY A	HOSPITAL				moshe		
5. SEX	6. RAC	2500	WIDOWED,	EVER MARRIED DIVORCED (specify) anated.		4-01	9. AGE (In years lost birthdoy) 6444125	If Under 1 Yr. If Under 24 Months Doys Hours Mi
done du	SUAL OCCUPATION Fring most of working	life, even if retired)		usiness or indust	RY 11. BIRTHPL	ACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	THERS NAME	Roul	1-1-	.,	14. MOTHE	RS MAIDEN N	AME	
15. Was	Deceased Ever in or unknown) (If yes	U. S. Armed Forces, give wor or dotes	of service)	SECURITY NO.	17. INFORM	ant		ADDRESS
1B.	1071	CONDITION DIRE	S GAS		OF DEATH		25	INTERVAL BETWEEN ONSET AND DEATH
he	LEAD his does not me eart foilure, osther	ING TO DEATH on the mode of ito, etc. It means on which coused	dying, dying, lhe disease,	WEDICAL E	nantin	na of	Rectume Failure	
ris	ISEASES OR CO SE TO THE OBO NDERLYING COP	11	sloling #	ASST TO TO	water	Jenn	s Acciden	
CATIO	O THE DEATH	T CONDITIONS CO BUT NOT RELATION CAUSING IT ATION 198. COME	TED D. THE	HICH OPERATION	20 A. AU	TOPSY? (Yes or	No) 208 IF YES, WER	E FINDINGS CONSIDERED
Ö 21	A. ACCIDENT WAR CONTRIBUTING	ATION 198. COME WAS PERFO USE UNDERLYING CAUSE OF OI exominer)	21B. PI	LACE OF INJURALE, form, foctory, street,	in or obout 21	C. WHERE DID	(If in Boltim	ore City, give exact location)
WED (A	D. TIME (Mon FINJURY PPROX.)	th) (Day) (Year)	(Hour) 21 E. II While Work	At Not W	hile 🗆	F. HOW DID I	NJURY OCCUR?	9-29 1
th	at (I) (we) last	saw the decease	d alive an	deceased from 29	19_0			pinian death accurred an the
	A. SIGNATURE	the causes state	dly af		ttending hys.	Med.	Stoff Phys.	23B, DATE SIGNED
23	C. PHYSICIAN'S NAME TYPE	75 C. V	libry YA	PHUM M.		and	um Ho	epital
					CREMATORY		LOCATION	(City, town, or county) (Sto

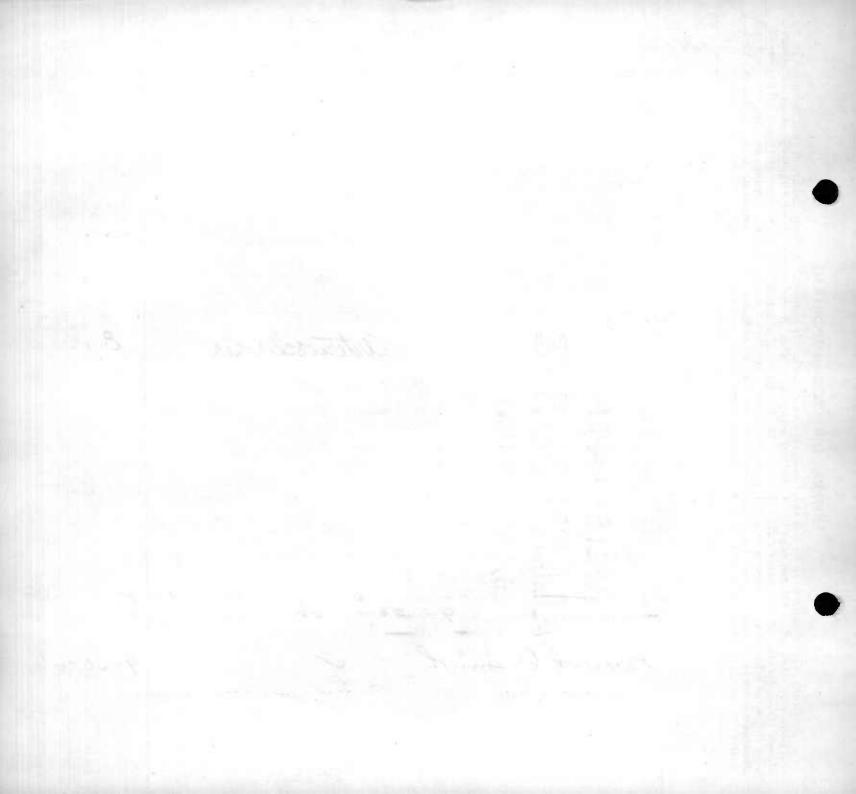


6	U9872	BALTIMORE CITY HEALTH DEPARTMEN

66 09872

	TH NO.	MEDI	CAL EX	CAMINER'S C	ERTIFICATE (	OF DEATH Register	red Na	
-	E. CASE NO.							
1. (Ty	NAME OF DECEAS pe or Print)	MARY		ROWE		ptember 29, 196		1:05 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					Maryla			
INSTITUTION					Baltim	f outside corporote limits, write ore	RURAL	and give township)
(1)	Provide	ent Hospita	a1		D. STREET ADDRESS 1616 G	(If rurol, give locotion) wynns Falls Parl	kway	
5. 5	Female 6. R/	Negro		NEVER MARRIED DIVORCED (specify) Wed	9-15-95	9. AGE (In years lost birthday)		Ooys Hours Min.
104		ION (Give kind of work		BUSINESS OR INDUSTRY			4.4	EN OF AT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
15	WAS DECEASED EV	John Ho		116. SO CIAL	Car	roline Howard	ADDRES	e.
	s, no or unknown) (If y			219-30-921		errell 525 Ch		
	1B. /	V		CAUSE	OF DEATH			INTERVAL BETWEEN
-	775	/\ I		4.10	0. 51			ONSET AND DEATH
	DISEASE O	R CONDITION DI	RECTLY					
		ADING TO DEATH		(A) Hypert	ensive and A	rteriosclerotic		
	heart failure, asth	meon the mode of nenio, etc. It meons otion which coused	the disease,	MKMM	iov <b>a</b> scular D			
	injury or complic	otion which coused	deoth.)	Carc	Tovascular D	isease.		
	ANTE	CENDENT CAUSE	-					
		CENDENT CAUSE		(B)				
		CONDITIONS, IF A BOVE CAUSE (A) S		DUE TO				
	UNDERLYING (	CONDITION LAST.					N. E.	
Z				(C)	***************************************			
H		l)				Carrier State of Stat	71	
ERTIFICATION	TO THE DEA	ANT CONDITIONS	LATEO TO T					
		NOITION CAUSING				ht 1 1008 to 100		
O	0	WAS PER	FORMED	WHICH OPERATION	No	or No. 208. IF YES, WERE FIN	SES OF DE	EATH?
EDICAL	21A. EXTERNAL CAUNDERLYING OR UTING CAUSE O	CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. WHERE the bldg., INJURY OCC	DID (If in Boltimore City, given UR?	ve exoct lo	ocotion)
Σ	21 D TIME (MO OF INJURY (APPROX.)	onth) (Doy) (Yeo		VHILE AT NOT AT W	WHILE	D INJURY OCCUR?		
	22. I certify	that I held an I		Inspection A Aut	<u> </u>	on this basis, death In m	ny opinio	n
	resulted	fram: Natural ca	uses 🔀 A	Sulcid		Undetermined manne	er 🗌	
	ACTUAL SIGNATURE	06	arles 1	Your M.D.	CHIEF MEDIC	AL EXAMINER AL EXAMINER		DATE SIGNED
	EXAMINER' NAME (Type	S Clarat	es S. Pe	etty, M.D.	ASSOCIATE MEDIC			9/30/66
	MOVAL (Specify)	ION, 23B. DATE	23	C. NAME of CEMETERY			, town, or	
	Burial	10-3-	66	Arbutus Mem	. Park	Arbutus Mar		
24	A. DATE REC'D BY	HEALTH DEPT.	24B, NAME		24C. FUNERAL DI	RECTOR		ADDRESS
	00	3 1966	(Relie)	JE, Stiller	George 1	Kelson 1348 N	. Ca	lhoun St.

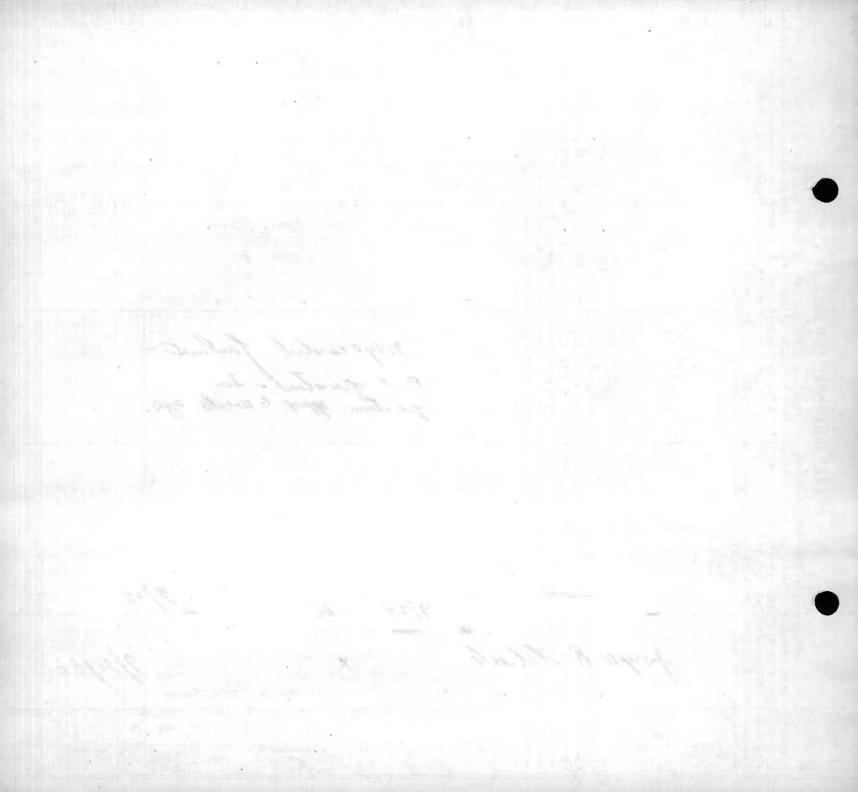




IMPORTANT

DIRECTOR:

FUNERAL



IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

(Stote)

Md.

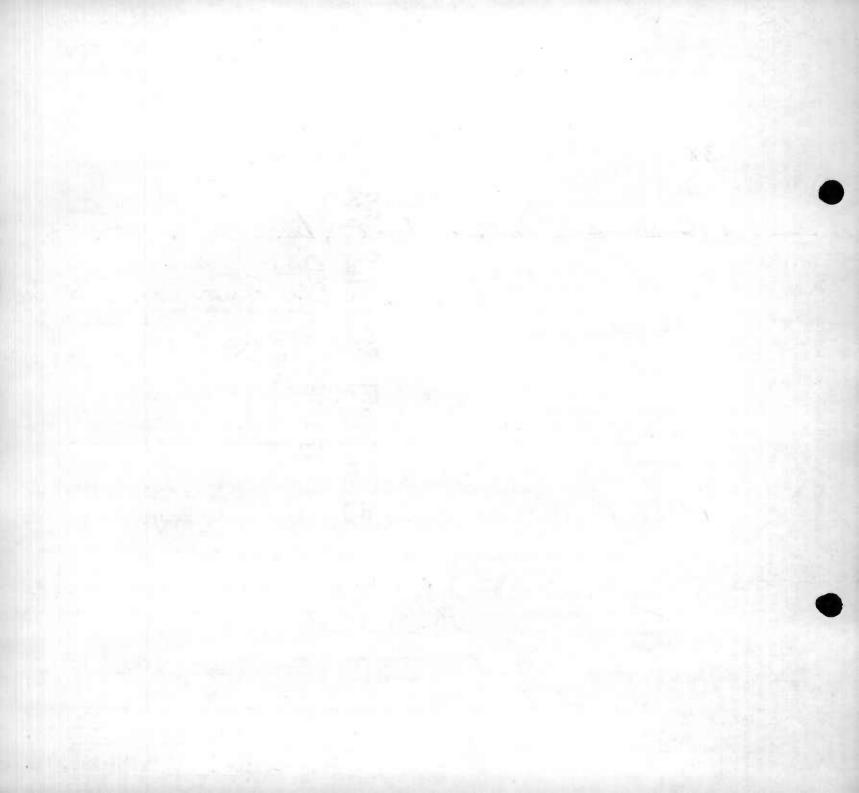
Md.

ADDRESS

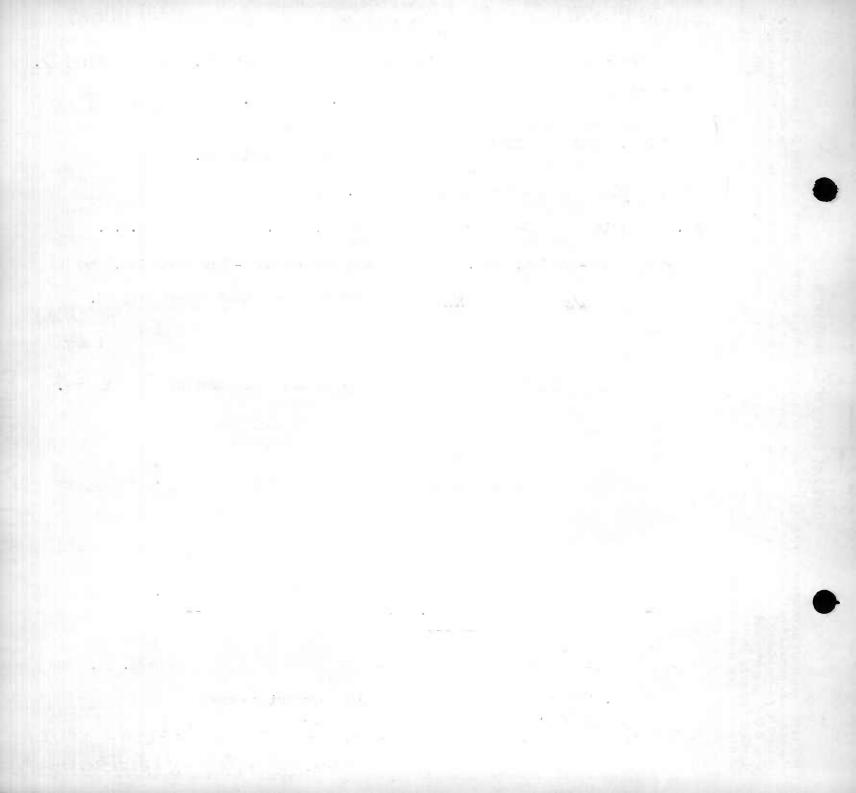
Hours

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH



	111 110.	0987	0		CERTIF	ICATE OF	DEATH	Registered Na.	66 0987
	E. CASE NO.								
1, N	AME OF DEC	EASED						ND HOUR OF DEATH	
Тур	pe or Print)	ister de	Sale	s Yendl	ley (Elizab	eth)	Septer	mber 28, 19	66   12:
F 1-	Villa S FULL NAME OF HOSPITAL OR INSTITUTION	aint Mic of (If not in oddress	chael n hospitol of or locotion	or institution,		A. STATE  Md. C. CITY C	Balter (Who was a second	ere deceased lived. If NTY De Itside city limits, write	institution; residence b
		rest Hil re, Marj				D. STREET		rurol, give location)	
5 e	SEX	6. RACE		7 44 4 00150	, NEVER MARRIED	8. DATE O	O Forest	9. AGE (In years	I If Hadas 1 Vs. I
F	Female	White		never	D, DIVORCED (spec	ify) Aug. 2	9, 1877	89	If Under 1 Yr. I Months Doys H
	USUAL OCC			10B. KIND 0	F BUSINESS OR INC	OUSTRY 11. BIRTHE	LACE (State or fore	ign country)	12. CITIZEN OF WHAT COUN
	ab. Tec			Daught	ter of Char	ity Bosto	n, Mass.		U.S.A.
13.	FATHER'S NA	ΛE					ERS MAIDEN NA	ME	
5. Yes	Rupert Y Was Deceased s,no or unknown 10	Ever in U. S. Off yes, give	Armed Ford	es?	16. SOCIAL SECURITY NO.	17. INFOR	MANT	4000 Fores	nswick, Cana ADDRESS t Hill Rd.
	18. 42	0, 1		FQ 7		USE OF DEATH			INTERVAL ONSET AL
	DISEA	LEADING TO			(A)		ary occlu	sion	1 de
	(This does	nal mean the	made al	dying, e.g.,	, DUE	ТО			
	heart failure, injury ar can DISEASES ( rise to th	nal mean the asthenia, etc., aplication which which which which will be a considered to the constant of the co	It means th caused CAUSES ONS, if cause (A)	the disease, death.) any, giving	(B)	Gener		osclerosis?	
CATION	DISEASES ( rise to th UNDERLYING OTHER SIGN TO THE D DISEASE OR	asthenia, etc.  nplication which  ANTECEDENT  OR CONDITION  CONDITION  IFICANT CONITION  EATH BUT  CONDITION CONDITION  C	It means ch caused CAUSES ONS, if cause (A) Vast.	the disease, death.)  ony, giving stating the ONTRIBUTINTED TO THE	(B) DUE (C)	Gener			M.
RTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A.DATE OF	asihenia, etc.  aplication which  antecedent  condition	It means ch caused CAUSES ONS, if course (A) Value (A) V	the disease, death.)  any, giving stating the ONTRIBUTIN TED TO THE CONTRIBUTION FOR ORMED	(B) DUE  (C) HE WHICH OPERATION	Gener	JTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDE
CAL CERTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTED OR CONTRIBUTED OR TO THE DEATH (notify	asthenia, etc.  nplication which  ANTECEDENT  OR CONDITION  CONDITION  IFICANT CONITION  EATH BUT  CONDITION CONDITION  C	It means ch caused CAUSES ONS, if cause (A) I last.  DITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS PERFERLYING SECOF	the disease, death.)  any, giving stating the ONTRIBUTIN TED TO THE CONTRIBUTION FOR ORMED	(B) DUE	Gener	JTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING C	M.
CAL CERTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. ACCIDE OR CONTRIBUTE.	ashenia, etc. pplication which ANTECEDENT OR CONDITION E abave co G CONDITION  IFICANT CONI EATH BUT CONDITION OF OPERATION  NT WAS UND JTING CAU	It means ch caused CAUSES ONS, if couse (A) Vast.  DITIONS COUNT RELA CAUSING 11  19B. CONI WAS PERF	the disease, death.)  any, giving stating the ONTRIBUTINTED TO THE CORMED  216 hor etc  (Hour) 218	(B) DUE  (C)  IG HE  WHICH OPERATION  B. PLACE OF INJUR me, form, foctory, st.,)  E. INJURY OCCURRI	Gener  20A. A  10  1 (e.g., in or obout 2 reet, office bldg., 1	JTOPSY? (Yes or N	ol 208. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDE
MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR TO THE DO DISEASE OR CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (We) and haur an 23A. SIGNATURE OF INJURY (APPROX.)	ashenia, etc. pplication which  ANTECEDENT  OR CONDITION  E abave co  G CONDITION  INTERPRETATION  OPERATION  OPERATION  (Month) (Do  that (I) (this  lost saw the  d fram the co	It means ch caused CAUSES ONS, if cause (A) Value (A) Va	the disease, death.)  any, giving stating the DNTRIBUTIN TED TO THE DITION FOR ORMED  (Hour) 21E WI WY CONTRIBUTION TO THE DITION FOR ORMED	(B) DUE  (C)  IG HE  WHICH OPERATION  B. PLACE OF INJUR me, form, foctory, si)  E. INJURY OCCURRI hile At	Gener  20A. A  10  (e.g., in or obout leet, office bldg., in the set of the s	DTOPSY? (Yes or N  I.C. WHERE DID NJURY OCCUR?  I.F. HOW DID IN  April  6 and the death.  Med. Director	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	E FINDINGS CONSIDE AUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (We) and haur an 23A. SIGNATURE (1) (We) AME (1) AME (1)	ashenia, etc.  application which  ANTECEDENT  OR CONDITION  E abave co  G CONDITION  INTERPRETATION  OPERATION  ANT WAS UND  DITING CAU  medicol exom  (Month) (Do  that (I) (this  lost saw the  d fram the co  IRE  INTS  ype)  an P. Al	It means ch caused CAUSES ONS, if caused NS on the cause (A) It leads to the cause (A) It leads	the disease, death.)  any, giving stating the control of the contr	(C)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	Generation    20A.A   100     (e.g., in or obout   200     (e.g., in or ob	UTOPSY? (Yes or N  I.C. WHERE DID  NJURY OCCUR?  IF. HOW DID IN  April  6 and the death.  Med. Director  Ess	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	E FINDINGS CONSIDE AUSES OF DEATH?  ore City, give exact location of the pinian death accurrate 23B. DATE SIGNED



4/2		A TE OF DEATH Registered No. 66 09877
75705	BIRTH NO. 66 09877 CERTIFIC	ATE OF DEATH Registered No. 50 03077
and see the the	M.E. CASE NO.	2, DATE AND HOUR OF DEATH
de d	(Type or Print) Phillips MRS, GRACE	
F 0 0 E	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	(4. USUAL RESIDENCE (Where deceosed lived, it institution: residence before admission)
0 0 0 0	7	A. STATE B. COUNTY
Se Se de de	FULL NAME OF (If not in hospital or institution, give street	Md. CATTOIL
ه الم	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
L Series		Sykesville 36-00
- B B E 534	to . Co 11 1/1	D. STREET ADDRESS (If rujol, give location)
D + D - d e	BON SCCOURS HOSpital	Mineral Hill Doad
d ad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
ntri rmi rmi egu ase	F WIDOW	1-27-79 lost birthdoy) Months Doys Hours Min,
ed er	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	
e in the	done during most of working life, even if retired)	M WHAT COUNTRY?
o o o o o o o o o o o o o o o o o o o	House wife Home	Maryland U.S.H.
if d (4) U wa the spos	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
	Koll GARRAP	MOSON, FRANCES
di di	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
ista he kind dea ce ce nal	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY Nd.	FIR. OATES! Pilhes - Checking
SS +	700	FRONT Sheet Synesville
if if indo	77790	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
So, So,	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(60 (4)
Als Als e o	(This does not mean the mode of dying, e.g., DUE TO	uma
er. ctur sron	heart failure, osthenia, etc. It meons the disease,	
a do a	injury or camplicolian which caused death.)  ANTECEDENT CAUSES (B)	phindiation !
fr fr fr fr fr fr fr fr	ANTECEDENT CAUSES  (B) / CAUSES  DUE TO	7.00-00-00-00-00-00-00-00-00-00-00-00-00-
X A A	DISEASES OR CONDITIONS, if any, giving	of Potaring Marsail
3 e e e	rise to the obave cause (A) stoting the (C) HG UNDERLYING CONDITION last,	nonker alleres
ical 135; 135; cia as ain		applico-sicero-cos
dic dic Sis		
re a ch	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20 000
dy dy		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ch Bo Bo th th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
or bhe	OR CONTRIBUTING CAUSE OF LORGE CONTRIBUTING CAUSE OF CAUS	g, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
tal by (2) here Vo ph befor	◀   DEATH (notify medical examiner)   etc.)	office bidg., INJURY OCCUR?
d N Kare	21D. TIME (Month) (Ooy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S OT WASHE AL - Not W	
d d d	(APPROX.)	
pro the ny exc an	22. I certify that (this hospital) attended the deceased fram	9-29 1966 10 9-30 1966
000.0	that ( (we) last sow the deceased alive on 9-2	9 19 66 ond that in ( ) ( our ppinion death occurred an the date
0 0 0 -	and hour and from the causes stated above. (did) (did) (did not	) view the hady after death
dent dent ospit den must	23A. SIGN ATURE	23B. DATE SIGNED
must eleas ccide a hos to de al mu		0 - 11
		Phys. Director Phys. A 7-00-66
s r s r	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
was r was r An a A. at a prior pprov	JOSE A. PALANCAR M.	D.
A P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
S: S:	REMOVAL (Specify) 10-3-66 Old OAKIAN	d Cemetery Sykesville Md.
This certificat the body was shows: (1) An was D.O.A. al deceased pric	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR A ADDRESS
This the shov was dece	OCT 3 1966 P.C. A. E. Fallena	The man YII Thinks I be a will my
	TOUR TOUR CARRIER	Think in Halling Influentice, 11th.

FUNERAL DIRECTOR: IMPORTANT

Ryas a Palacear

BIRTH NO. M.E. CASE NO.	66 09878		CERTIFICA			Registered No.	66 09878
1. NAME OF DEC (Type or Print)	JOHN	Wills	DAVIS	5	2. DATE AND Sele	+ 26/10	966 10.44P
3. PLACE OF DE.  FULL NAME ( HOSPITAL OR INSTITUTION	ATH IN BALTIMORE, MA	ar institution,			and		nstitution: residence before admission
Goulds	Nursing Homelair Rd.	ne		Balti D. STREET ADD	DRESS (If rure	ol, give lacation)	
5. SEX M.	6. RACE White	7. MARRIED, WIDOWEI	, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRT	TH 9.	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hr Manths Days Hours Min.
done during most of	working life, even if retired)	10 B. KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE		country)	12. CITIZEN OF WHAT COUNTRY?
Chipt 13. FATHERS NA		Sit.	ip Yard	14. MOTHER'S			0. D. R.
15. Was Deceased	Davis d Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT		Saunders Ruth Kin	g, Baltimore, M
DISEASES or ise to the	nol mean the mode all , asthenia, etc. It means mplicolion which coused ANTECEDENT CAUSES OR CONDITIONS, it above couse (A) G CONDITION lost.	the diseose, deolh.)	(B) A	.S.C.V.	Disease agitan	eno Sclero with RBE is	years.
TO THE D	III IIIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 19B. CON WAS PERF	TED TO TH		20A. AUTOPS	SY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DING CAUSE OF y medical examiner	218 hom etc.	B. PLACE OF INJURY (e.g., in ne, farm, factory, street, of .)	n or obout 21 C. W fice bldg., INJURY	HERE DID	(If in Boltimo	re City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  Not While Ork  Not Work		OW DID INJUR	Y OCCUR?	
that (I) (wa	y that (1) <del>(this hospita</del> l ) lost sow the deceose nd from the capses stat	d olive on	0 1 0 1		ond that	in (my) (our) op	pt 26 1966. Inion death occurred on the de
23A. SIGNATI	- Harlly	1 Do	Phy	ending A	Med. St.	off hy s.	Sept 26/1966
NAME (	Type ATAOLLAH	GOLI	PIRA M.D.	1942	Cedar		Bulto, Md. 21222
Buria.	1 10/1/6	66 A	ntioch Chur	ch	1 17		unty, Virginia
25A. DATE REC'E	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERA	Johns		ADDRESS

STEEL BY NAMED OF

Scules Hursing Home

STORE LIV

AND SHEET ING

15 O. 17 4 T. 4 2 T. 4 2 T. 4 2 T. 6 T. 5

Warshells.

Conston Cauders

Mrs. Mary Buth Mag, Bullianurs,

ATTENDED TO THE PROPERTY OF THE PARTY OF THE

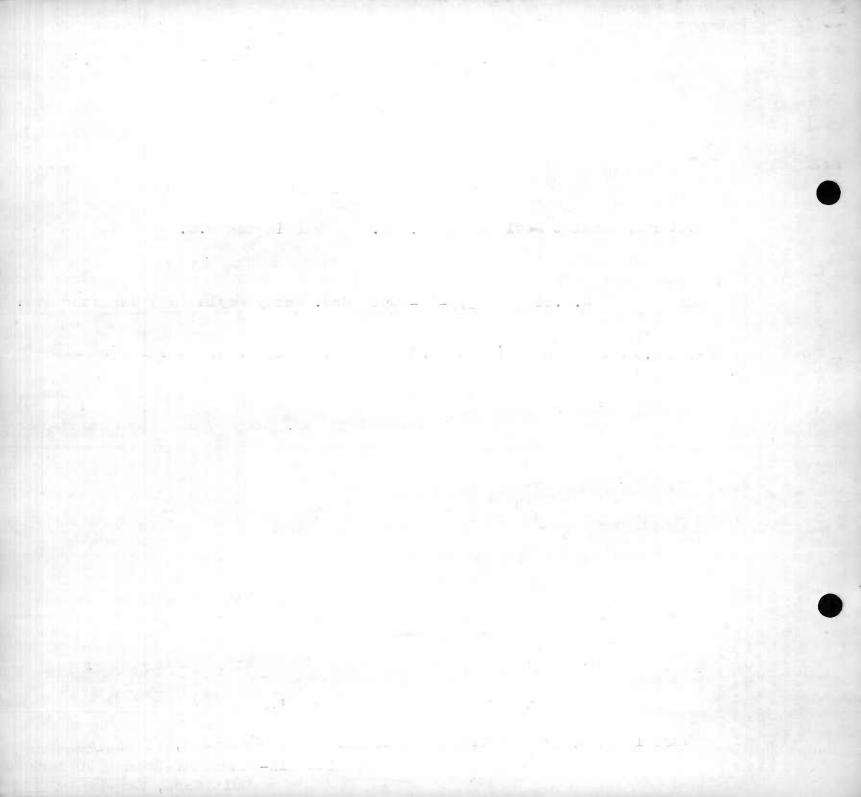
The state of the s

the Superior of Park and

satisfied marghant

Bidd cold graters are said mountly as a residence on a facilities.

9.44



+	1231	66 09880 BALTIMORE CITY HEALTH DEPARTMENT 66 09880
D.	0 ~ 0 .	SIRTH NO. CERTIFICATE OF DEATH Registered No.
1	f deatle f deatle cease on th h. Suc	M.E. CASE NO.  1. NAME OF DECEASED ADD ADD DUTST  2. DATE AND HOUR OF DEATH  3. DATE AND HOUR OF DEATH  4. DATE AND HOUR OF DEATH  5. DATE AND HOUR OF DEATH  6. DATE AND HOUR OF DEATH
gwino	hospi use o (5) D lance deat	3. PLACE OF DEATH IN SALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY  FULL NAME OF HOSPITAL OR HOSPITAL OR HINSTITUTION  C. CLEVER TOWN. (If outside city limits, write RURAL and give township)
XAM	ting card cause; r attence prior to	HAT/AND GENERAL HOSP. D. STREET ADDRESS OF WOOD, Give berglion Bolton Hill Ming Home
•	occurre intribution regular ased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Never Married 10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHRLACE (Stote op foreign country) 112, CITIZEN OF
1	or co Undete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHRLAGE (Stote or foreign country)  12. CITIZEN OF WHAT COONTRY?  13. FATHER'S NAME
NT NT	direct direct d; (4) ath w on the	George A Durst Bessie Leake  15. Wos Deceased Ever in U. S. Armed Forces?   1 Social   17. INFORMANT   ADDRESS
RIA	sist the the kin dec	(Yes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO. 215-07-8726 Pt'S ChAT.
MPO	Also, if of any ounced ttenda	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH  LEADING TO DEATH  (A) Purulent menugifes
OR:	iner or acture prono ular at	(This does not meen the mode of dying, a.g., heart foilure, osthenio, etc. It meens the disects; injury or complication which coused death.)  ANTECEDENT CALLESS  OF TOPYOLYCLUS PROVIDE CALCULATION (8)
RECT	exami exami (3) A fr in who in reg	DISEASES OR CONDITIONS, if ony, grand ise to the obove couse (A) stoling (C) Carcin ima J Cladole UNDERLYING CONDITION lost.
AL DI	medical hedical burns; hysicia in was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
S S S S S S S S S S S S S S S S S S S	thief Body the p ysicia	194. Date of Operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED ACCEPTAGE 1969 1969 1969 1969 1969 1969 1969 196
1/5	by the pital by re; (2) where No ph	21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF   DEATH (notitly medical examiner)   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)   home, larm, factory, street, office bldg., INJURY OCCUR?   etc.)
	hosp natu cept d (6)	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?
	approto to the of any al (exch); an be obt	22. Legetify that (IX this hospital) attended the deceased from 2000, that (I) (we) last saw the deceased alive an 2900, and that In (my) (aur) opinion death accurred on the date
	deat	and four find fram the couses stated above (1) (We) (dld) (did nat) view the bady after death.  236 SIGNATURE  238, DATE SIGNED  238, DATE SIGNED
	9 4 TO	22C PHYSICIAN'S NAME (Type) El NSd ) (AVIF M.D. VIDENCE TO Stoff Phys.   9-36-1965
	E = 00 -	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) (Stote)
	This cert the body shows: (I was D.O deceased	Burial 10-3-1966 Lorraine Park Woodlawn, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25B. NAM
	F = 0 3 0 3	1000 Woket E. Tarkey M. Hoceles Xllong no Whorly lao

Helmde Jest The all towers 1 970 mit had by HART HAND GernerAl Hosp Handler John St. Gather Hilling this of O8 384 F949 Lorenge A Dast Bessie Leake No measure of a chart Ca Bladler John By By John 8 Boule and carne Upstland General Hespital

Calaptens Hancewas

150

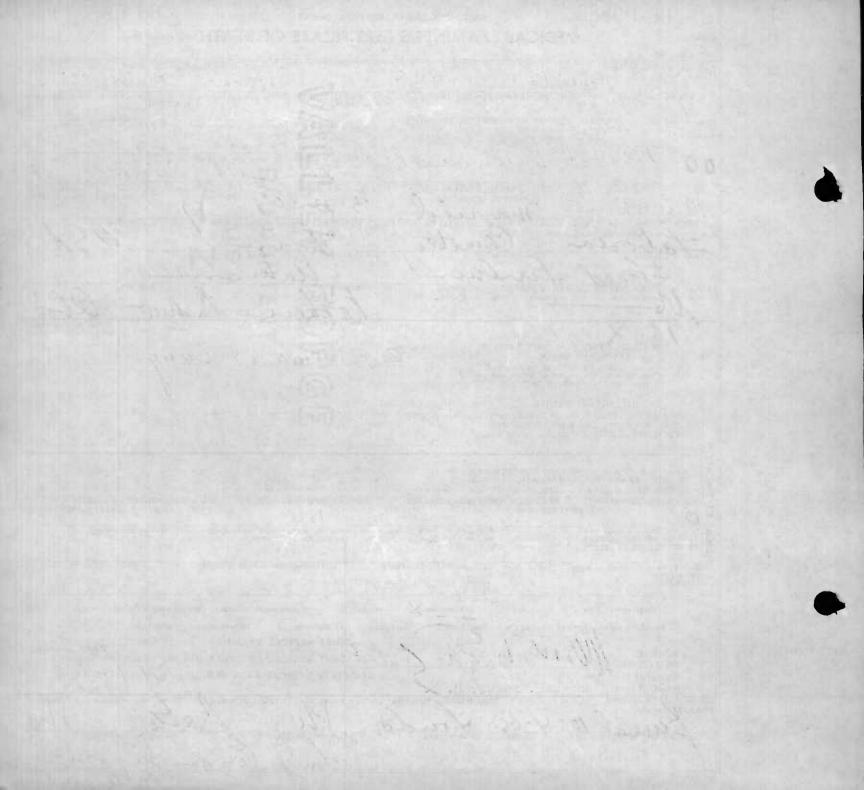
8/19/1959

HAVE SENABLINE GOVERNMENTER EST 1900

VS 150-REV, 1/1/65

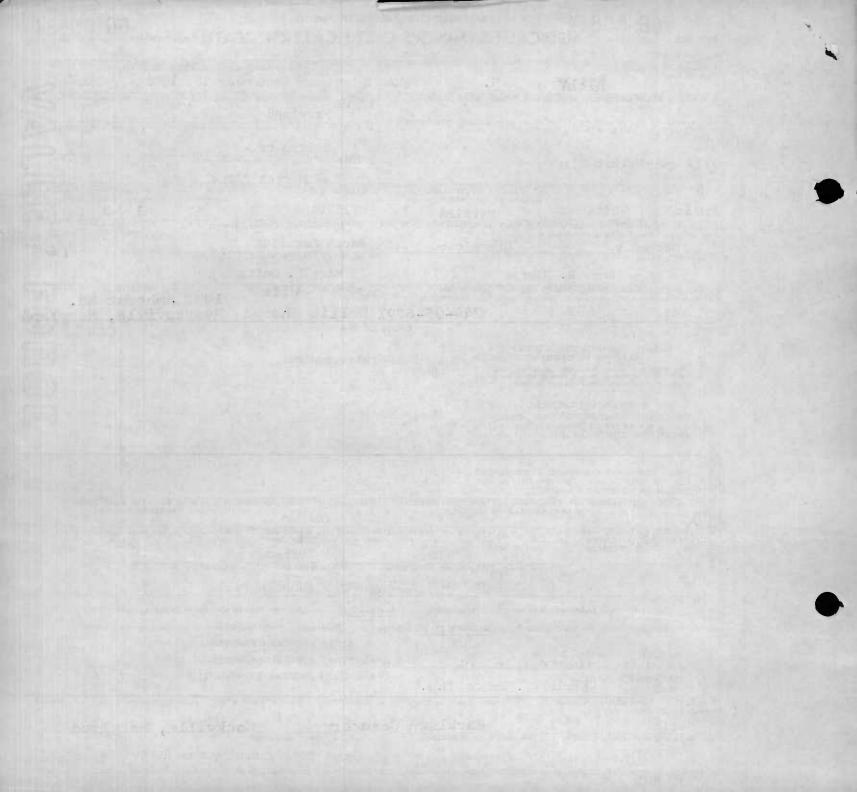
A S AND STANKS T ATTEMPT AIDINGS ATHERS THAT'S SON - SO LICE CHECKS SUCTON

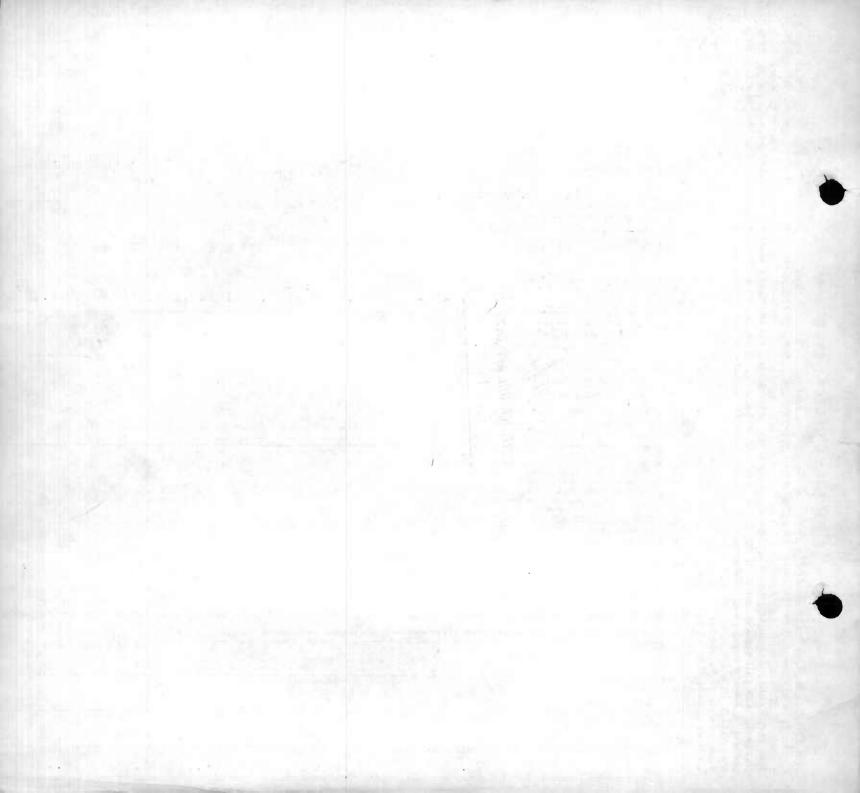
, 1	
1535	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED Charles Linduet 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) Charles Linduet 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print)
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY
	HOSPITAL OR ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
	00 720 West Balli une St. D. STREET ADDRESS (If rurol, give location) Robbinione St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.  Mule White Married 3-W-07 SS Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CLITZEN OF WHAT COUNTRY?  WHAT COUNTRY?  13. FATHER'S NAME
	Fred Linduer Unknown
	15. WAS DECEASED EVER TN U.S. ARMED FORCES? (Yes, no opting town), (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT ADDRESS ADDRESS ADDRESS
	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  DUE TO  (A)  Catcinoma of Lung  DUE TO
	heart foilure, osthenio, etc. tt meons the diseose, injury or complication which caused death.)
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.
	Z (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Z1A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.       21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)         Home, form, factory, street, office bldg., UTING □ CAUSE OF DEATH.       INJURY OCCUR?
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK
	22. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death In my apinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER DATE SIGNED
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  Oct 15 t 66
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME & CEMETERY of CREMATORY 23D. LOCATION (City fown, or county) (Signal REMOVAL (Specify)
	OCT 3 1966 Robert E. Farley M. A. Corvan June Address
	VS 151-REV. 1/1/65



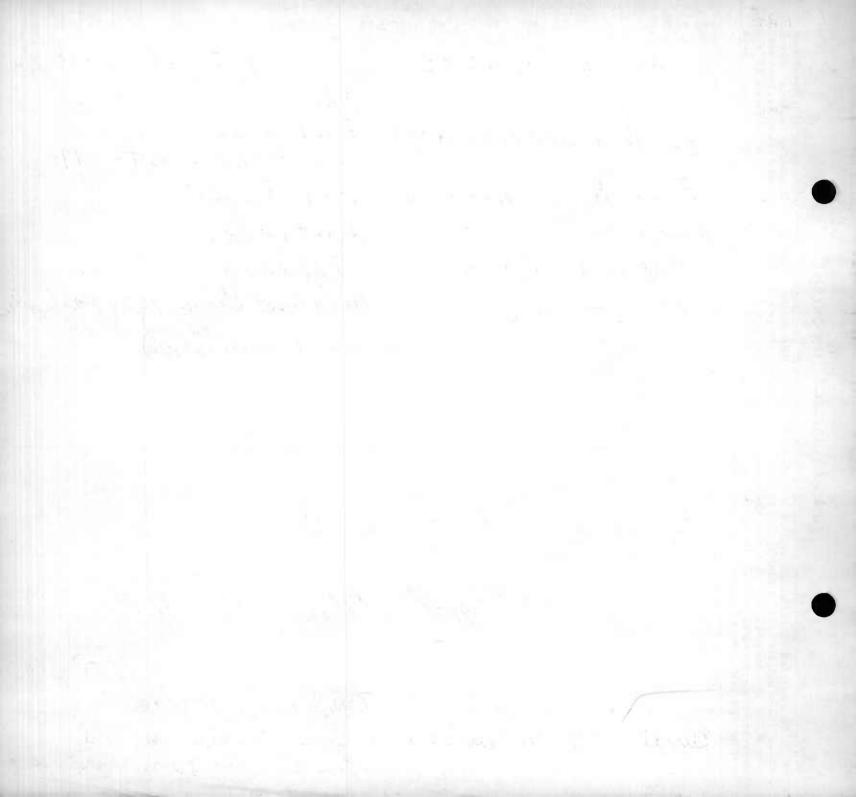
VS 151-REV. 1/1/65

Pumphrey Funeral Home, Rockville, Md.





VS 150-REV. 1/1/65



Was

B

of death Deceased

0

BALTIMORE CITY HEALTH DEPARTMENT 66 09887 Registered Na. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) September 29 1966 Salvatore Milio
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A, STATE

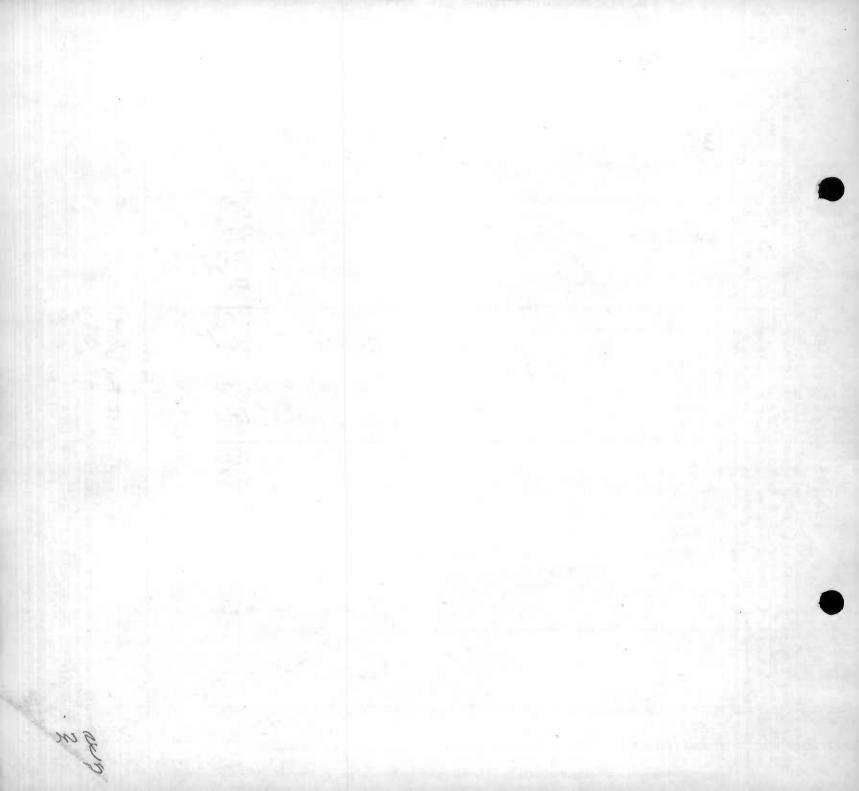
B. COUNTY death. 912 Eastern Ave Maryland FULL NAME OF (If not in hospitot or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (tf rurol, give location) 912 Eastern Ave 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Monthsi Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) tost birthdoy) Hours 76 June 13 1890 Married White 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Patti Italy Self Store 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gaetana D'Antoni Luigi Milio 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. (Yes, no or unknown) (If yes, give wor or dates of service) Teresa Milio (Wife) 912 Eastern Ave. None No 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart foilure, osthenio, etc. Il means the diseose, injury ar camplication which coused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last. Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) AL DEATH (notify medical examiner) MEDIC 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hespital) attended the decodsed fram. that (I) (we) last saw the deceased alive an 1966 and that in(my) (apinian death accurred an the date and haur and from the causes stated abave. (1) (We) (did not) view the body after death. 23A, SIGNATURE 23 B. DATE SIGNED Attending 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type)

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 4430 Belair Rd. Baltimore Md. 10/3-1966 Burial Holy Redeemer Cemetry 25A, DATE REC'D BY HEALTH 25B. NAME OF REGISTRAR 322 S.High St. VS 150-REV, 1/1/65

127 the state of the s And the second for the second . H toll in it was all a to show it

IMPORTANT

FUNERAL DIRECTOR:



IMPORTANT

FUNERAL DIRECTOR:

CAST NO.  CERTIFICATE OF DEATH  Registered No.  CERTIFICATE OF DEATH  Registered No.  CERTIFICATE OF DEATH  Registered No.  DATE OF DEATH  Registered No.  13. 45. 45. 45. 45. 45. 45. 45. 45. 45. 45
AND DECESTED AND PARTY OF THE PROPERTY OF THE DECEST OF THE DECESION OF THE DECEST OF THE DECESION OF THE DECEST OF THE DECESION OF THE DECEST OF THE DECESI
LARE OF DIATH IN BALTIMORE, MARTIAND  LARE OF CONTROL OF C
LILL NAME OF OPERATIN BALTIMORE MARTIAND  4. USUAL RESIDENCE Where deceased lived, If in situation residence below odmissis in COUNTY of
ULI NAME OF OIS not in hospital or institution, give sheet oddess or locolien)  WEAL MEMORIAL NUMBERS IN HOME  N. CARRY STREET ADDRESS  IN ARREID NEVER MARRIED  N. STREET ADDRESS  IN TURN IN OCCUPATION (GRADE) IN OCCUPATION (GRADE)  N. ARREID NEVER MARRIED  N. ARREID NEV
ULL NAME OF III and in hospited or institution, give steed address or incoment of the process of technical states of technical decision of the process of technical states of technical decision of the process of technical states of technical state
OSPITAL OR edders or locollon)  WERN N. CARES N. M. C. STREET ADDRESS  N. CARES STREET  N. CAREST STREET  N. CARES STREET  N. CARES STREET  N. CARES STREET  N.
WEEL N MEMBER ALL STATES AND HOME DISTRICT OF BIRTH STATES OF INTERVAL BETWEEN ONSET AND DEATH  WEEL N MEMBER ALL STATES AND STATES OF SHERE STATES OF CONDITION DIRECTLY  LEADING TO DEATH  This does not meen the mode of dying, e.g., heard folius, states in the classes of states of the class of states of the class of
REAL STREET ADDRESS III for JULY STREET ADDRESS III JULY STREE
WIDOWED, DIVORCED (specify)    Control   Contr
WIDOWED, DIVORCED (specify)    Control   Contr
WIDOWED, DIVORCED (specify)    Control   Contr
WIDOWED, DIVORCED Ispecify)    Control   Contr
USUAL OCCUPATION (Gr kind of well ign. kind of Business Or INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MADEN NAME  14. MOTHER'S MADEN NAME  15. SOCIAL SECURITY NO. 17. INFORMANT 1. INFORMAN
USUAL OCCUPATION (GW kind of work) (DR, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)    12, CITIZEN OF WHAT COUNTRY?   12, BIRTHPLACE (State or foreign country)   12, CITIZEN OF WHAT COUNTRY?   14, MOTHERS MADEN NAME   14, MOTHERS MADEN NAME   14, MOTHERS MADEN NAME   15, MOTHERS MADEN NAME   15, MOTHERS MADEN NAME   16, SOCIAL   17, INFORMANT   18, MOTHERS MADEN NAME   16, SOCIAL   17, INFORMANT   18, MOTHERS NAME   18, MOTHERS MADEN NAME   18, MOTHERS NAME   18, MOTHERS MADEN NAME   18, MOTHERS NAME   18, MOTHER
ATHERS NAME  ATHERS NAME  ATHERS NAME  AND CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  LEADING TO DEATH  CAUSE OF DEATH  ANTECEDENT CAUSES  DISEASE OR CONDITION S. if only, giving rise to the above cause (A) stoling the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  CAUSE OF DEATH  CAUSE
ADDRESS  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH
Nos Decessal Ever in U. S. Armed Forces?  Nos Ouccessal Ever in U. S. Armed Forces?  Nos Ouccessal Ever in U. S. Armed Forces?  Nos Outlinown (III yes, give wer or doles of service)  16. SOCIAL SCURITY NO.  CAUSE OF DEATH  INTERNAL RETWEEN ONSET AND DEATH  (This does not mean the mode of dying, e.g., heart failure, estherie, etc. Il means the disease, injury or complicionion which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO SEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONDITION FOR WHICH OPERATION  19.A. DATE OF OPERATION 19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  DISTAND CONTRIBUTING CAUSE OF DEATH (mode) (Doy) (Year) (Hour Work In Not White Cause) (Hour Work I
Nos Decessal Ever in U. S. Armed Forces?  Nos Ouccessal Ever in U. S. Armed Forces?  Nos Ouccessal Ever in U. S. Armed Forces?  Nos Outlinown (III yes, give wer or doles of service)  16. SOCIAL SCURITY NO.  CAUSE OF DEATH  INTERNAL RETWEEN ONSET AND DEATH  (This does not mean the mode of dying, e.g., heart failure, estherie, etc. Il means the disease, injury or complicionion which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO SEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONDITION FOR WHICH OPERATION  19.A. DATE OF OPERATION 19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  DISTAND CONTRIBUTING CAUSE OF DEATH (mode) (Doy) (Year) (Hour Work In Not White Cause) (Hour Work I
18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, estheric, etc., il means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FROM THE CONDITION FOR WHICH OPERATION  19.A. DATE OF OPERATION  21.A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  21.B. PLACE OF INJURY (e.g., in or obout 21.C. WHERE DID (Iff in Bolimore City, give exact locosion) home, form, foctory, street, office bildgs, individed the deceased from Standard Month (Individed the deceased from Standard Month) (Individed the deceased dive on Standard Month) (Individed the deceased from Standard Month) (Individed Month) (Indivi
18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, estheric, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FROM THE CONDITION FOR WHICH OPERATION  19.A. DATE OF OPERATION  19.A. DATE OF OPERATION  21.A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  21.B. PLACE OF INJURY (e.g., in or obout 21.C. WHERE DID (III in Boltimore City, give exact locosion) home, form, factory, street, office bildge, in MJURY OCCUR?  21.D. TIME (Month) (Doy) (Year) (Hour 21.E. INJURY OCCURRED While AI Work INJURY (e.g., and that in (my) (aur) opinian death accurred an the and haur and from the causes state abave. (I) (We) (Mid.) (did not) view the bady after death.  23.B. DATE SIGNATURE  23.B. DATE SIGNATURE  23.B. DATE SIGNED  23.B. DATE SIGNED
18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, estheric, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FROM THE CONDITION FOR WHICH OPERATION  19.A. DATE OF OPERATION  19.A. DATE OF OPERATION  21.A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  21.B. PLACE OF INJURY (e.g., in or obout 21.C. WHERE DID (III in Boltimore City, give exact locosion) home, form, factory, street, office bildge, in MJURY OCCUR?  21.D. TIME (Month) (Doy) (Year) (Hour 21.E. INJURY OCCURRED While AI Work INJURY (e.g., and that in (my) (aur) opinian death accurred an the and haur and from the causes state abave. (I) (We) (Mid.) (did not) view the bady after death.  23.B. DATE SIGNATURE  23.B. DATE SIGNATURE  23.B. DATE SIGNED  23.B. DATE SIGNED
18.
INTERVAL BETWEEN  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, astheriae, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) storing the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  10  OTHER SIGNIFICANT CONDITION CAUSING IT.  11  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  12  13.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes or Not) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  12  13.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH?  14.A. CCIDENT WAS UNDERLYING OR CONTRIBUTING CONCRED None, form, foctory, street, office bidg., INJURY OCCUR?  DEATH (notify medical examiner)  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTIO
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliuse, osthenic, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION SCONTRIBUTING UNDERLYING CONDITION CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II.  1974. DATE OF OPERATION 1978. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. MORRIBUTING CAUSE OF DEATH?  21D. TIME (Month) (Doy) (Yeor) (Hour)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliure, astheria, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT.  19A-DATE OF OPERATION  WAS PERFORMED  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME OF CONDITION (Hour)  AND Attending Med. Stoll  23B. DATE SIGNED
LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.
(This does not mean the mode of dying, e.g., heart foliure, asthenia, este. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING NOR CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 121C, WHERE DID home, lorm, foctory, street, office bidg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR?  While AI Work AI
heart failure, asthemic, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION WAS PERFORMED  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (If in Bolhimore City, give exact locotion) home, lorm, factory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) While AI Work AI Work  22L. I certify that (I) (this hospital) attended the deceased from 19 Condition of the causes state above. (I) (We) (Hour) (did not) view the bady after death.  23A. SIGNATURE  M.D. Attending Med. Stoll 28B. DATE SIGNED  23B. DATE SIGNED
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.  IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Not While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Not While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Not While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Not While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Not While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Not While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Not While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Not While AI Work  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED NOT NOT NOT NEATHER DID NOT NOT NEATHER DID NOT NOT NEATHER DID NOT NOT NEATHER DID NOT NEAT
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERAT
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERAT
TISE TO the obove cause (A) stoling the UNDERLYING CONDITION lost.    C
UNDERLYING CONDITION lost.    Contribution   Contri
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) While At Work  At Work  Not While At Work  Not While At Work  Not While At Work  Not While OF INJURY (APPROX.)  21D. Time OF INJURY (APPROX.)  Not While OF INJURY (APPROX.)  Not While OF INJURY (APPROX.)  21D. Time OF INJURY (APPROX.)  Not While OF INJURY (APPROX.)  21D. Time OF INJURY (APPROX.)  Not While OF INJURY (APPROX.)  21D. Time OF INJURY (APPROX.)  Not While OF INJURY (APPRO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine)  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  21D. TIME OF INJURY (APPROX.)  21E. INJURY OCCURRED While At Not While At Work  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  23F. DATE SIGNED  23F. DATE SIGNED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine)  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  21D. TIME OF INJURY (APPROX.)  21E. INJURY OCCURRED While At Not While At Work  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  23F. DATE SIGNED  23F. DATE SIGNED
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout)   21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? etc.)   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   22F. HOW DID INJ
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bidg., INJURY OCCUR?  DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bidg., INJURY OCCUR?  DEATH (notify medical examiner)   21B. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While At   Not While   Al Work   Not While   Al Work   Not Work
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work   Not While At Work   Al Work   Al Work   19 60 19 19 60 19 19 60 19 19 60 19 19 60 19 19 60 19 19 60 19 19 60 19 19 60 19 19 60 19 19 19 19 19 19 19 19 19 19 19 19 19
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While At Not While At Not While At Not Work  22. I certify that (I) (this hospital) attended the deceased from 3-19 that (I) (we) last saw the deceased alive on 9-30-40 19 that (I) (we) last saw the deceased alive on 9-30-40 19 that (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While At Not While At Not While At Not Work  22. I certify that (I) (this hospital) attended the deceased from 5-19 that (I) (we) last saw the deceased alive on 9-30-40 19 60 and that in (my) (aur) opinion death accurred an the and haur and from the causes stated above. (I) (We) (did) (did nat) view the bady after deoth.  23A. SIGNATURE  M.D. Attending Med. Stoll 19 28B. DATE SIGNED
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While At Not While At Not While At Not Work  22. I certify that (I) (this hospital) attended the deceased from 3-19 that (I) (we) last saw the deceased alive on 9-30-40 19 that (I) (we) last saw the deceased alive on 9-30-40 19 that (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (I) (this hospital) attended the deceased from 5-19 that (I) (we) last saw the deceased alive on 9-30-60 19 60 and that in (my) (aur) opinian death accurred an the and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after deoth.
While At Work Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 5-19 1966 to 9-30 1966 that (I) (we) last saw the deceased alive on 9-30-65 1966 and that in (my) (aur) opinion death accurred an the and haur and from the causes stated above. (I) (We) (did) (did nat) view the bady after deoth.  23A. SIGNATURE  23B. DATE SIGNED
(APPROX.)  While Al Work  Not While Al Work  22. I certify that (I) (this hospital) attended the deceased from 5-/9 19 66 to 9-30 19 66  that (I) (we) last saw the deceased alive on 9-30-65 19 66 and that in (my) (aur) opinion death accurred an the and have and from the causes state above. (I) (We) (did) (did nat) view the bady after deoth.  23A. SIGNATURE  23B. DATE SIGNED
22. I certify that (I) (this hospital) attended the deceased from 5-19 19 66 to 9-30 19 66 that (I) (we) last saw the deceased alive on 9-30-65 19 66 and that in (my) (aur) opinion death accurred an the and haur and from the causes stated above. (I) (We) (did) (did nat) view the bady after deoth.  23A. SIGNATURE  23B. DATE SIGNED
that (I) (we) last saw the deceased alive on 9-30-65 19 66 and that in (my) (aur) opinion death accurred an the and haur and from the causes states abave. (I) (We) (did) (did nat) view the bady after deoth.  23A, SIGNATURE  23B, DATE SIGNED
that (I) (we) last saw the deceased alive on 9-30-60 and that in (my) (aur) opinion death accurred an the and haur and from the causes states abave. (I) (We) (did nat) view the bady after deoth.  23A, SIGNATURE  23B, DATE SIGNED
and have and from the causes states abave. (1) (We) (did) (did nat) view the bady after deoth.  23A. SIGNATURE  M.D. Attending Med. Stoll
and have and from the causes states abave. (1) (We) (did) (did nat) view the bady after deoth.  23A. SIGNATURE  M.D. Attending Med. Stoll
23A, SIGNATURE 23B, DATE SIGNED
M.D. Attending Med. Stoll
M.D. Attending Med. Director Phys.
23C. PHYSICIAN'S 23D. ADDRESS
NAME (Type)
HOMAIS OFWARLINE M.D. 930 WHATELICH OF, VOHE 19
BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or county) (Stot
REMOVAL (Specify)
Lenial 10-5-100 Wit Gultrism Fin death
17/// 1//V 1/ \ 1/V// 1/// 1/// 1//// 1////   ALAGONAM
DATE BECO BY HEALTH DEBT JOSE MANAS OF BEGISTEAD JOSE SILVEDAL DIBECTOR
DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. PUNERAL DIRECTOR ADDRESS
OCT 3 1966 Role & Fallowill Raymer Sanders 217 Forestor

Letter Same of Some Some Some

66 09890

2:10 P. M.

ADDRESS

(If outside city limits, write RURAL and give township)

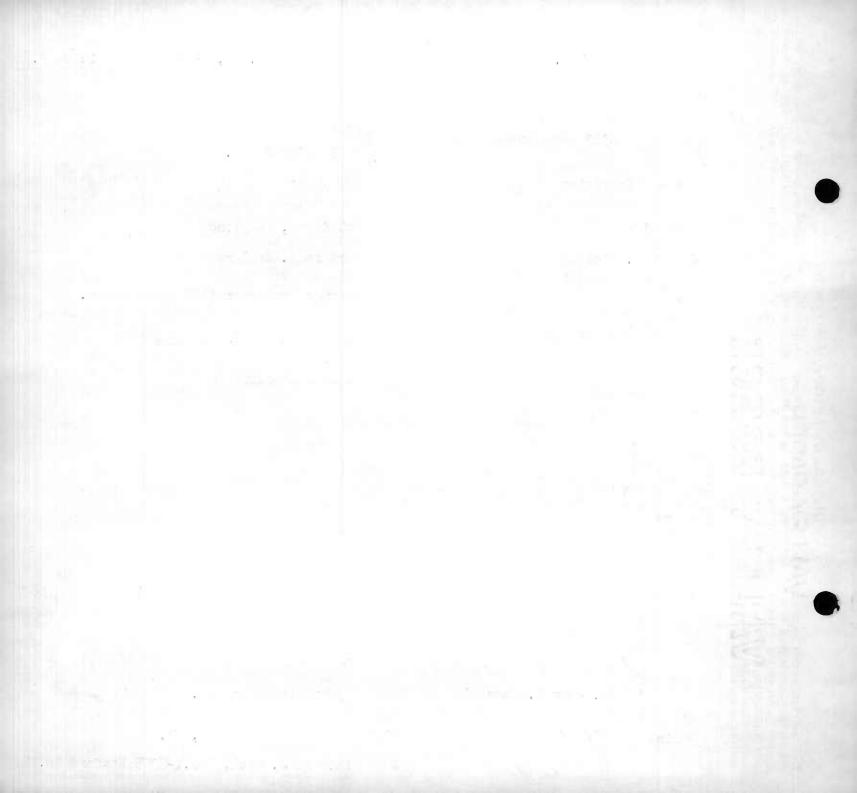
If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY?

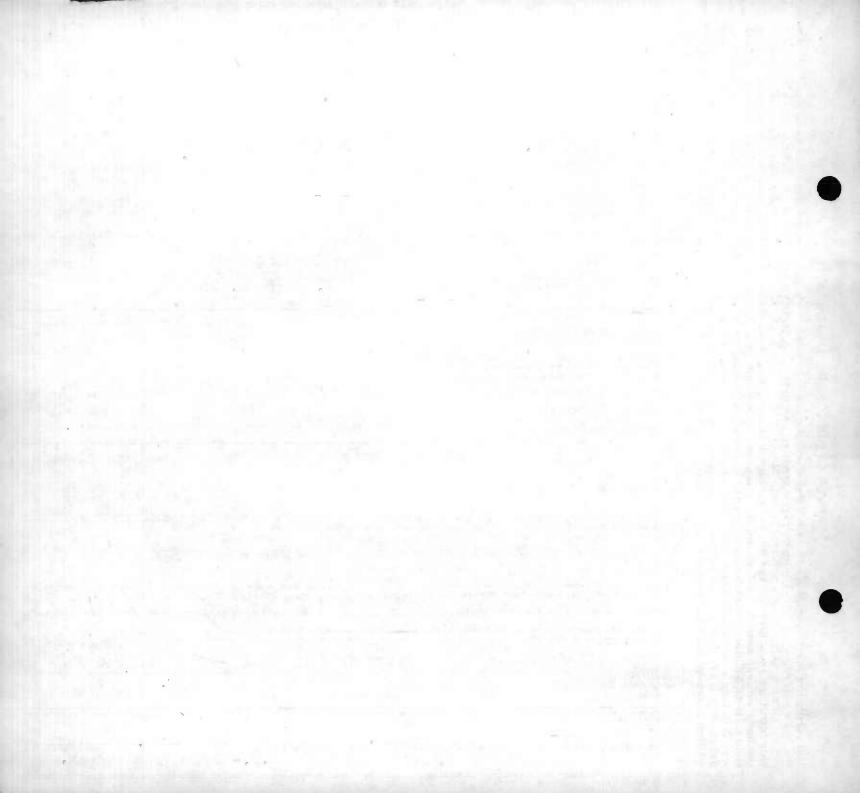
Charles Freburger 5405 Grindon Ave.

INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)

9/19/66

VS 150-REV. 1/1/65





pro Mag 1 

Bears Care Aller Services - Similar - Art Ser

.

LAY MALES AUSTIVAL

This state in the state of the

E PER MINISTER STATE OF THE STA

Late Value Late Late Compared to the Compared C

D1:3

SERVICE HOTEL - THREE SERVICE - STANK STREET

3

FUNERAL DIRECTOR: IMPORTANT

	00 00804		BALTIMORE CITY	HEALIN DELAKIMENT		66 09894
BIRT	н но. 66 09894		CERTIFICA	TE OF DEATH	Registered No	00 00007
M.E	AME OF DECEASED				D HOUR OF DEATH	
	e or Print)	h m				10:151
3. P	Arthur M. Ha.	MARYLAND		4. USUAL RESIDENCE TWHEN	deceased lived. If ins	litution: residence before admission
H	CRITIFICATE	AME	ENDED	A. STATE B. COUN	ny -	27-44
	OSPITAL OR oddress of loc	ital or institution, ation)	give street 10-6-66	C. CITY OR TOWN (If outs	ide eite limite unite Di	Illah and sine town disk
-11	NSTITUTION				side city titilits, write ki	SKAC and give lownship?
				Baltimore D. STREET ADDRESS (III	urol, give location)	
0	5931 Theodore	Avenue		5931 Theodo	re Ave.	
5. S	EX 6. RACE		, NEVER MARRIED	44	AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hr Months; Doys Hours; Min.
	Male White		orced (specify)	Nov. 22, 1893	ost birthday)	Months Doys Hours Min.
OA.	USUAL OCCUPATION (Give kind of				in country)	12, CITIZEN OF
-	e during most of working life, even if refire			70 71 252		WHAT COUNTRY?
	Retired	Balto	. City	Balto. Md.		
	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	1E	
19	Villiam			Mary		
5. \ Yes	Was Deceased Ever in U. S. Armed	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	7 63, 9, 60 101			7 Miss Evely	Hahn 394	S Cactio S
	1B.	22 A V		OF DEATH	I HOUTH ON-	INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DEA		A.	Neni osclerdie Co	ndiovasclar. Dis	34 enns
	(This does not mean the mode					
	heart failure, asthenia, etc. It me injury or camplication which cau					
	ANTECEDENT CAU	SES	(B)			
	DISEASES OR CONDITIONS,	if any giving				
	rise la lhe obave cause (	(A) stating the	(C)			
	UNDERLYING CONDITION lost.					
7				4 4/-		
ATIOI	TO THE DEATH BUT NOT	RELATED TO TI	HE Diaboto	Mollitus		lyann
	19A. DATE OF OPERATION 19B. C		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IE VES WERE EI	NDINGS CONSIDERED
ERTIFIC		PERFORMED	WHICH OFERATION	NA NA	IN CERTIFYING CAU	SES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYIN	G 21	B, PLACE OF INJURY (e.a	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nutify medical examiner)	hou	me, form, foctory, street, o	ffice bldg., INJURY OCCUR?	III solitilote	
U						
AEDI	21 D. TIME (Month) (Doy) (Ye		E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
<	(APPROX)	W	hile At Not Whi			
		ttal) attended	the deceased from	1963 1	9 00 5	Opr 7-30 19 66
	22. I certify that (1) (this hasp			6.1		
1	22. I certify that (1) (this hasp		J. 201 29	10 0° C and the	a in (mus) fours) anim	on death annual on the de
	that (1) (we) lost sow the dece	ased olive on			t in (my) (our) opin	ion death accurred on the de
	that (1) (we) lost sow the dece and hour and from the causes :	ased olive on				
	that (1) (we) lost sow the dece	ased olive on	(I) (We) (did) (did net)	view the body after death.		23B. DATE SIGNED
	that (1) (we) lost sow the dece and hour and from the causes :	ased olive on	(I) (We) (did) (did net)	view the body after death.		
	that (1) (we) lost sow the dece and hour and from the couses: 23A, SIGNATURE	ased olive on	(1) (Wa) (did) (did) (did) (1)	view the body after death.		
	that (1) (we) lost sow the dece and hour and from the couses: 23A. SIGNATURE	ased olive on	(1) (Wa) (did) (did) (did) (1)	ending Med. Director		
	that (1) (we) lost sow the dece and hour and from the couses: 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 1248, DATE	stated above.  fernance  M. Zimm	(I) (No) (did) (Bid not)	ending Med.  23D. ADDRESS  3 202 Harford	Sioff Phys Rd. Balli	23B. DATE SIGNED  (State)
24A	that (1) (we) lost sow the dece and hour and from the couses: 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	A. Zimm  [24C.N	M.D. Att Phy  AME of CEMETERY or CR	ending Med. s. Med. Director  23D. ADDRESS  3202 Honford  EMATORY  24D. LC	Stoff Phys.   Pel Ballion  (City	23B. DATE SIGNED  Lyl, 30, 66  more Md  , town, or county) (State)
24A	that (1) (we) lost sow the dece and hour and from the couses: 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  Oct.	A 166 I	M.D. Att Phy M.D. AME of CEMETERY of CR	ending Med.  23D. ADDRESS  3 202 Handend  EMATORY  24D. LC  Ba	Sioff Phys. [	23B. DATE SIGNED  Lyd, 30, 66  more Md  , town, or county) (State)
24A	that (1) (we) lost sow the dece and hour and from the couses: 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  Oct. Date Rec'd by Health Dept.	A 166 I	M.D. Att Phy  AME of CEMETERY or CR  JOUGON PARK  OF REGISTRAR	ending Med.  23D. ADDRESS  3 202 Honford  EMATORY  24D. LC  Ba.	Stoff Phys.   Pol Band City  Cation City   Itimore, M	23B. DATE SIGNED  Lyl, 30, 66  more Md  , lown, or county) (State)  d.  ADDRESS
24 <b>A</b> J 25A	that (1) (we) lost sow the dece and hour and from the couses: 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  Oct.	A 166 I	M.D. Att Phy M.D. AME of CEMETERY of CR	ending Med.  23D. ADDRESS  3 202 Handend  EMATORY  24D. LC  Ba	Stoff Phys.   Pol Band City  Cation City   Itimore, M	238. DATE SIGNED  Lgs. 30, 66  more Md  , town, or county) (State)  d. ADDRESS

	CC 00005		BALTIMORE CITY	HEALIH DEPAKIMEN		66 09895		
BIRTH NO.	66 09895		CERTIFICA	TE OF DEATH	Registered Na.	00 03033		
M.E. CASE NO.	CEASED				AND HOUR OF DEATH			
(Type or Print)	BLINCO-	P	AUL	2. 57.	. 3/10/11	1: 11-0		
3. PLACE OF D	EATH IN BALTIMORE, MA		710 🗡		Where deceased listed. If i	nstitution residence before admission		
					OUNTY /	6-01		
FULL NAME	OF (If not in haspital address or location		give street	MARYLA		0-01		
INSTITUTION			1/	C. CITY OR TOWN (I	f outside city limits, write	RURAL and give lawnship)		
TARYLI	AND GENE	RAL	HOSPITAL	DALTO	)			
110	100		(1	D. STREET ADDRESS	(If rural, give location)	-		
48				N.	STREETER			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthday)	Manths Days Hours Min.		
10/	W	m	unde	14/14/02	63			
	CUPATION (Give kind of world	10B. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF		
one during most of	of working life, even if retired)	BRE	HERY	OIHS		WHAT COUNTRY?		
3. FATHER'S NA	AME	10		14. MOTHER'S MAIDEN	NAME			
				-	9NNA			
7	HOMAS BL	-INCC		/	YNNT			
5. Was Decease	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	nur		217-10-5777	WIFE		SXIME		
1B. /	7 -0		CAUSE O	E DEATH		INTERVAL BETWEEN		
101	ACE OF CONDITION DE	NECTLY.	0	DEATH		ONSET AND DEATH		
DISE	ASE OR CONDITION DIS LEADING TO DEATH	RECILI	Bon	a di maria	C			
(This does	not mean the made of	dying, e.g.,	DUE TO	A of the	centimo			
heart failure	, asthenia, etc. it means	the disease,		tothe suge	Lowerdu	to		
injury or co	injury or complication which caused death.)							
	ANTECEDENT CAUSES		DUE TO		= 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	OR CONDITIONS, it		A	SCVD				
	he above cause (A) NG CONDITION lost.	Sidning Inte	(C)					
		_						
OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTIN	G					
O THE DISEASE O	DEATH BUT NOT RELA	TED TO TH	E	4-77				
19A. DATE	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o		FINDINGS CONSIDERED		
19A. DATE C	1966 WAS PER		of line	- (60)	IN CERTIFYING CA	AUSES OF DEATH?		
U 21A. ACCID	ENT WAS UNDERLYING DEBUTING CAUSE OF	218	PLACE OF INJURY (ex. in	or obout 21C. WHERE DI	D (If in Baltima:	re City, give exact location)		
OR CONTRI	fy medical examiner	hon etc.	PLACE OF INJURY (e.g., in e., form, factory, street, of	fice bldg., INJURY OCCUI	₹?			
U								
OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED		INJURY OCCUR?			
(APPROX.)		Wo	ile At Nat While					
22. I certif	y that (1) (this hospital	) attended t	he deceased from	9/2	19 66 to	9/29 1966		
			2/1	7 10 66				
	that (1) (we) last saw the deceased alive an							
		red abave. (	l) (We) (did) (did nat) v	lew the bady after dea	th.	/ .		
Z3A. SIGNAT	TURE	4 -1	7			23B. DATE SIGNED		
1/1/2	rall h	11	M.D. Atte	nding Med. Director	Stoff Phys,	7/29/66		
23C. PHYSIC	ANS			23D. ADDRESS				
NAME	(Type)		M.D.	111 14	0/40	still.		
AA. RIIPIAI CO	EMATION, 248. DATE	24C M	AME of CEMETERY or CRE	MATORY 1	LOCATION I			
REMOVAL		1 24C.N.	ANNE OF CENTETERY OF CRE	241	D. LOCATION (C	City, tawn, 'ar county) (State)		
Blung	10/3/	66 AM	y (Kerloomes	1 (Emetery 1)	Dalterio	Maryland		
	D BY HEALTH DEPT.	25B. NAME		25C. FUNERAL DIREC	TOR	ADDRESS		
	OCT 3 1966	12. Du. K	E. Farker M.M.	131000	1/1 Waln	11.11.6.		
/S 150-REV. 1/1				Filmini	The state of	avorte.		
				6.3	- 4			

LIN' . LAW 118 COLUMN THE TRACE CONTRACT 7 19 STEFFER -7. M M mound 12/19/12 63 GREETER BREWERS SHITT FORMS BEINGE P ANNE 7000 2000 2000 ASCIVE Signal 1916 Emman of June Char.

	00 00000		BACTIMORE CITY	Y HEALTH DEPARTMENT		. 68 09896
MRTH NO.	66 09896		CERTIFICA	TE OF DEATH	Registered Na	00_0000
I. NAME OF DECE Type or Print)	Walter		Allen	Sep	ptember 30,	, 1966
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospitol or oddress or locotion)  Sity Hospite	or institution, gr	ive street	Maryland  c. city or town (if a Baltimore)  D. street address (	outside city limits, write	institution; residence before odmission
38				601 George		
5. SEX M.	6. RACE		NEVER MARRIED D. DIVORCED (specily)	8. DATE OF BIRTH 7/4/12	9. AGE (In years lost birthdoy) 54	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
done during most of w Labor	working life, even if retired)	IOB, KIND OF		North Ca.	foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAM	nn Allen			14. MOTHERS MAIDEN N Belle Mos		
15. Was Deceased	d Ever in U. S. Armed Force n) (II yes, give war or dotes		16. SOCIAL SECURITY NO.	Martha J. A	llen 601 G	ADDRESS George St.
(This does not heart failure, injury or cam  A  DISEASES Orise to the	LEADING TO DEATH nat mean the mode of asthenia, etc. It means to mplication which coused of ANTECEDENT CAUSES OR CONDITIONS, if a te abave cause (A) G CONDITION last.	the disease, death.)	(B) Sur	rejoearlist of reduced of Vilibelly V	tuischus Vellitus	
TO THE DE DISEASE OR OF 19 A. DATE OF 21 A. ACCIDEN OR CONTRIBU	WAS PERFO	DITION FOR W	WHICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, of	20 A. AUTOPSY? (Yes or Do of the control of the con	IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
DEATH (notify	y medicol exominer) (Month) (Doy) (Year)		INJURY OCCURRED			
that (1) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	my Had	ed alive an	I) (We) (did) (did nat) v  M.D. Atte Phys	tending Med.    23D. ADDRESS   WT New	stoff Phys	23B, DATE SIGNED  23 Lythel
REMOVAL (S Buria			t. Auburn		Baltimore,	City, town, or county) (Stote)  Maryland

Charles

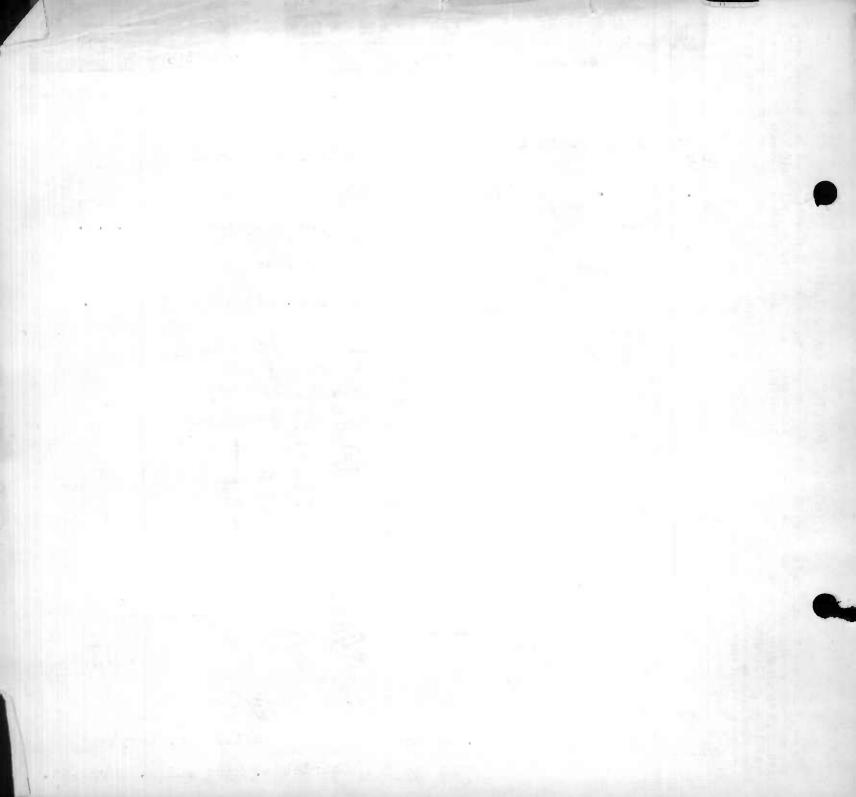
A. Rice

661

Robert E Farling

1966

VS 150-REV. 1/1/65

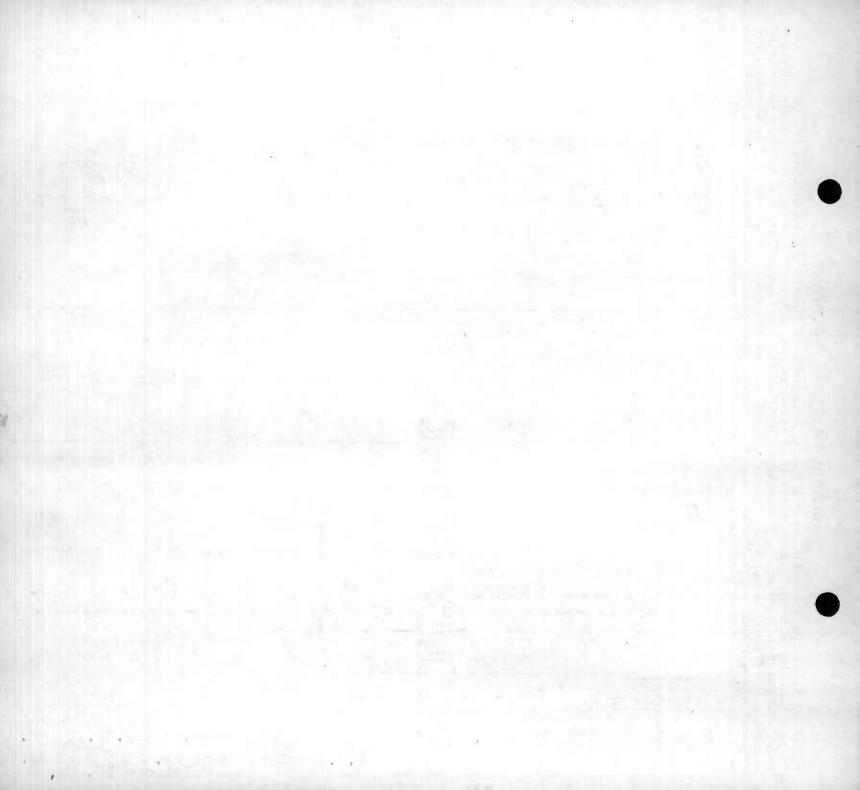


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

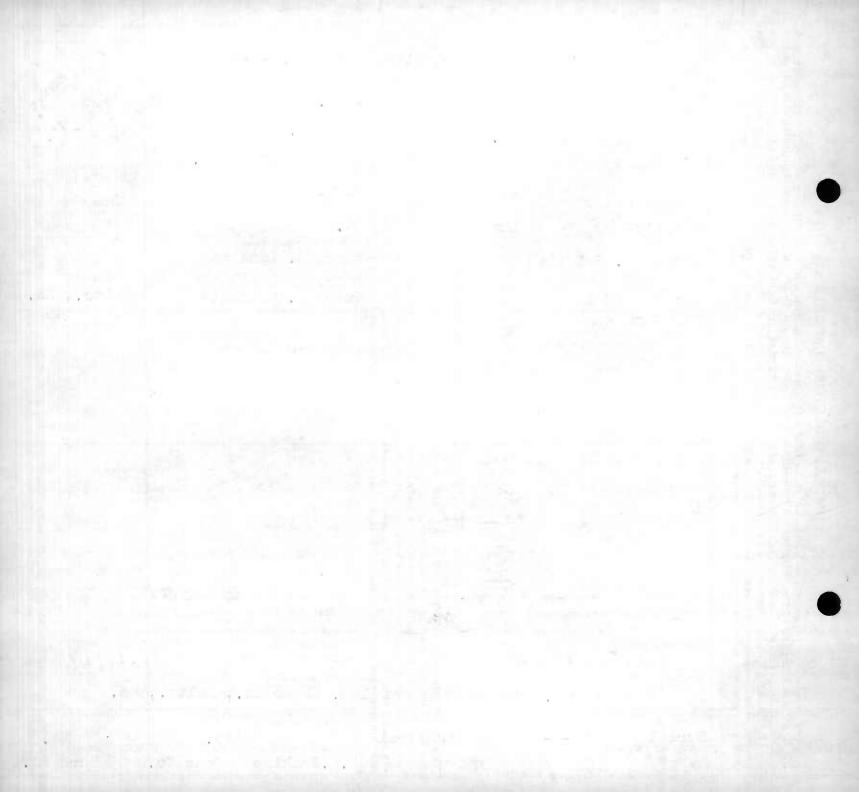
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If autside city limits, write RURAL and give township) If Under 1 Yr. If Und If Undor 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL SETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimoro City, give exact location) .....and that in (my) (per) apinion death accurred on the date 23B. DATE SIGNED Oct 1. 1966 (City, town, or county) Md. Balto.Co.



50 1	BALTIMORE CITY HEALTH DEPARTMENT
TOPE	RTH NO. 66 19898 CERTIFICATE OF DEATH Registered No. 66 19898
1,	NAME OF DECEASED WAREHEIM, ELMER NELSONSR. Oct. 1, 1966 12
3.	14. USUAL RESIDENCE (Where docoosed lived, it institution; residence before odmissi
	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddioss or location)  MARYLAND BALTI MORE  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	D. STREET ADDRESS (If rural, give location)
	lown Memorial Hosp. 306 BROOK ROAD 53-00
	7. MARRIED NEVER MARRIED B. DATE OF BIRTH 12-23-03 62 If Under 1 Yr. If Under 24 Hours Min
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
_	MANAGER PERSONNEL MARYLAND U.S.A.
1.	WILLIAM, WAREHEIM IDA GROSS
1.5 (Y	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yos, givo war or datas al service)   16. SOCIAL   17. INFORMANT   ADDRESS   SECURITY NO.
	NO 215-05-4715 MRS, MARTHA C, WAREHEIM (SA)
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) CARCINOMA OF THE
	OTHER DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, if any, giving
	rise to the obove couse (A) stating the (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
014	
TOTO	1/0
	DEATH (notify modical examiner) etc.)
0100	21D. TIME (Month) (Day) (Yoor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not White
	(APPROX.) While At Not White At Work
	22. I certify that (1) (this hospital) attended the deceased from Sept. 29 1966 to Oct. 1966
	that (1) (we) lost saw the deceased alive on Octr 1 19 66 and that in (my) (our) opinion death occurred on the
	and hour and from the causes stated abave. (I) (We) (did) (did not) view the bady ofter death.
	23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  10/1/66
	The state of the s
	ZOLT-ATT ZAKBAY M.O. When Minumed Fusp.
	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote
Ш	Burial 10/4/1966 Parkwood Parkville, Balto.Co., Md sa. date rec'd by Health dept.   258. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS
2	H.W. Jenkins & Sons Co. 4905 York Ro
V	Balto:12, Md.

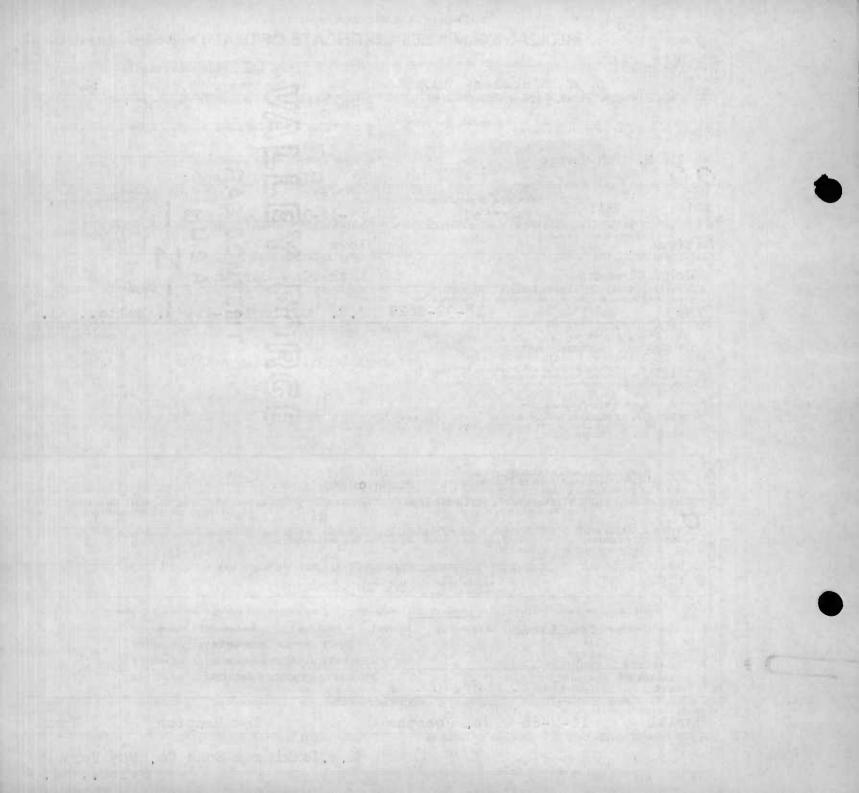
661.

			BALTIMORE CIT	Y HEALTH DEPARTM		
BIRTH NO.	66 09899		CERTIFICA	TE OF DEA	TH Registered No	. 66 09899
M.E. CASE NO				]2. D	ATE AND HOUR OF DEAT	н
Type or Print)			nd Griffith		10-1-66	1530 A
PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	E (Where deceased lived. II COUNTY	institution: residence befare admission
FULL NAM	E OF (If not in hospital	or institution.	Dive street	Md.		
HOSPITAL C	R address or location		9.10 0.100	C. CITY OR TOWN	(If autside city limits, write	RURAL and give township)
	رما ۱۲۰۰ ۲۵۰۰ درما ۱۲۰۰ ۲۵۰۰	Da		Balto.		27-14
	524 Woodlar	m na.		D. STREET ADDRESS	(If rurol, give lacation)	
9 0				524 Wo	odlawn Rd.	
SEX	6. RACE		, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr.   11 Under 24 H Manths: Doys Haurs Min.
M	W	Marr		8-14-85	81	
	CCUPATION (Give kind at wor at working life, even if retired)	k 108. KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State	e ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
Execut		Lumi	ber	Md.		USA
FATHER'S N				14. MOTHER'S MAID	EN NAME	
Edwar	d A. Griffi	th		Emma L.	Lanahan	
	sed Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no ar unkno	wn) (If yes, give wor or date	es of service)	SECURITY NO.		Cons eft th	Balto. Md.
Yes	WW 1			Edward A.	Grillian	barto., na.
18. 20	0,/1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISI	EASE OR CONDITION DE		0	0		מוואבו אווס סבאווו
(This does	LEADING TO DEATH		(A) 1	scolary	ucone	
heort failu	s nat meon the made of re, asthenia, etc. It means	s the diseose,	DUE TO	0		
injury or o	complication which coused	i death.)				
	ANTECEDENT CAUSES	5	DUE TO		~ 0 ~ 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	OR CONDITIONS, if					
	the abave cause (A)	sloting the	(C)			
	11					
OTHER SIG	SNIFICANT CONDITIONS					
TO THE	DEATH BUT NOT REL		HE.			
OTHER SIGN TO THE DISEASE OF THE DIS	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Ye		E FINDINGS CONSIDERED AUSES OF DEATH?
0				ho	IN CERIFFING C	AUSES OF DEATH!
OR CONTE	DENT WAS UNDERLYING [ RIBUTING CAUSE OF utily medical examined)	21 E har etc	B. PLACE OF INJURY (e.g., me, farm, factory, street, a)	in ar about 21 C. WHERE office bldg., INJURY OC	DID (If in Baltim CUR?	are City, give exact lacation)
21D. TIME OF INJURY	(Manth) (Day) (Year)	(Haur) 21 E	INJURY OCCURRED	21F. HOW 0	OID INJURY OCCUR?	
OF INJURY			nile At Not Whi			
(APPROX.)		Wo				
22. 1 cert	ify that (1) (th <del>is hospit</del> e	l) ettended t			19 65 to 00	图 1966
that (1) (v	ve) last saw the deceas	ed alive an	Sept 3.	1966	and that in (my) (our) a	pinlon death occurred on the d
and hour	and fram the causes sto	ted abave. (	1) (We) (did) (did=not)	view the bady after	deoth.	
23A. SIGNA		n				23 B. DATE SIGNED
	all B. B.	ch	M.D. At	tending Med.	Stalf Phys	10/1/66
23C. PHYSIC	CIAN'S		Ph	ys. Directo	r L Phys. L	1011106
NAMI	Walter B.	Buck	M.D.		r St., Balto	Md .
44 0110111						
	REMATION, 248. DATE L (Specify)	24C. N	AME of CEMETERY or CE	REMATORY	24D. LOCATION	City, tawn, ar caunty) (State)
Buria		-66 Ne	w Cathedral		Balto.	Md.
SA. DATE REC	O'D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
- 00	7 3 1986 PJ	1. 58.	Adalsey.	H.W.Jenk	rins & Sons	Co.4905 York Rd.
(C. 150, 051/, 1	(1///	4				



MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered No.	66	1990
MILDICAL EVAMINATION	CERTIFICATE OF	DEATH MASINION	00	COOL

M.	E CASE NO.							
	NAME OF DECEASED	TO N. 1.	-la- ormanic			HOUR PRONOUNCE		15 7
	LOU			The management	Septe	mber 29, 19	200 2	:15 P
3. F	PLACE IN BALTIMORE, MARYL	AND, WHERE PI	RONO UNCED DEAD	A. STATE	ENCE (Where de	eceased lived. If insti B. COU	NTY	e before odmission)
HO	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION				ryland	corporate limits, write	RURAL ond gi	ive township)
	110 = 00.1 0				1timore			
-	112 E. 20th S	treet		D. STREET ADDE				
(	19				2 E. 20t			
5. 5			RRIED, NEVER MARRIED WED, DIVORCED(specify)	B. DATE OF BIRTH	Н	9. AGE (In years lost birthday)		r. If Under 24 Hrs.
	Male White		rried	5-16-		7.3		
	. USUAL OCCUPATION (Give ke during most of working life, even		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN C	
	letired	ii reined)		Iowa			USA	
13.	FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			
	John Clemens	3		Kather	ine Ber	gen		
	WAS DECEASED EVER IN U.S			17. INFORMANT			ADDRESS	111 111 111
(1 8:	s, no or unknown) (If yes, give w Yes WW 1	or or dotes of se	218-32-2829	J R B	uffingt	on-Att'y	Relto	MA.
-	18. /	- 7 - 1		OF DEATH	arr riige	,011-1100 g		ERVAL BETWEEN
	#221 9h	260 X	CAUSE	OF DEATH				SET AND DEATH
	DISEASE OR CONDI							
	(This does not meon the		e.g., Due to	iosclerot	ic Cardi	ovascular I	)isease.	
	heart failure, asthenia, etc.	It means the dis	eose.					
	Teal Street							
	ANTECENDENT		(B)					
	RISE TO THE ABOVE CAU	SE (A) STATING						
_	UNDERLYING CONDITIO	N LAST.	(0)					
Ó			(0)					
CERTIFICATION	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED		et <b>e</b> s Mell	itus.			
		198, CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY No		OB, IF YES, WERE FILL OF CAU		
MEDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. V office bldg., INJURY	WHERE DID (IF	in Boltimore City, gi	ve exoct location	on)
Σ		y) (Yeor) (Ho	ut) 21 E. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?		
	(APPROX.)			WHILE				
	22.		m. WORK AT W	OKK				
	1 certify that 1 hel	d on Inquiry	Inspection X Au	topsy on	d that on this	basis, deoth in m	ny opinion	
	resulted from: No	turol couses	Accident Suicid	le Homici	ide Ur	determined monn	ar	
	NAME OF TAXABLE PARTY.	0/		CHIEF M	EDICAL EXA	MINER		ATE SIGNED
	ACTUAL	( has	bus leur M.D	ASSISTANT M	EDICAL EXA	MINER X		
	SIGNATURE		M.D	ASSOCIATE M			9/2	9/66
	NAME (Type) C	harles S.	Petty, M.D.	ASSOCIATE III				
	A. BURIAL CREMATION, 23B.	DATE	23C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (City,	, town, or count	(Stole)
RE	MOVAL (Specify) Burial	0-4-66	St. Josephs		Ne	w Hampton	n	Iowa
24	A. DATE REC'D BY HEALTH D		NAME OF REGISTRAR	24C, FUNER	AL DIRECTOR	210 21021120 001	ADD	
-						8. Carra C		
	00 3 1966	Olalia 15	E, Farleyma	H.W.A	enkins	& Sons Co		
VS	151-REV. 1/1/65			0 0 0	0 1		Balto	) . , Md . /



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

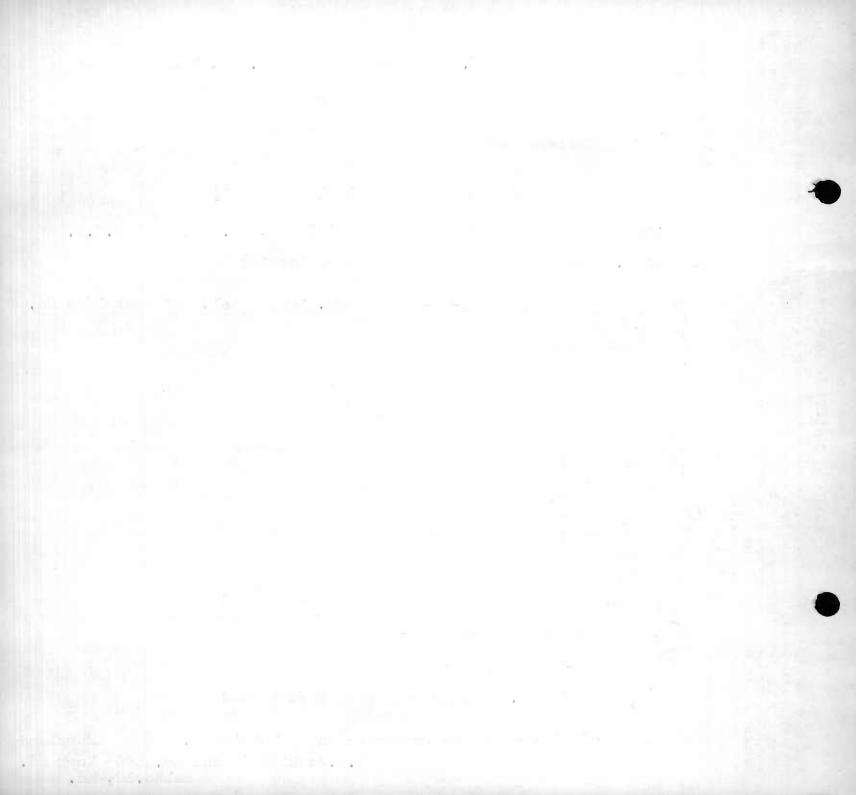
M.H.

IMPORTANT

DIRECTOR:

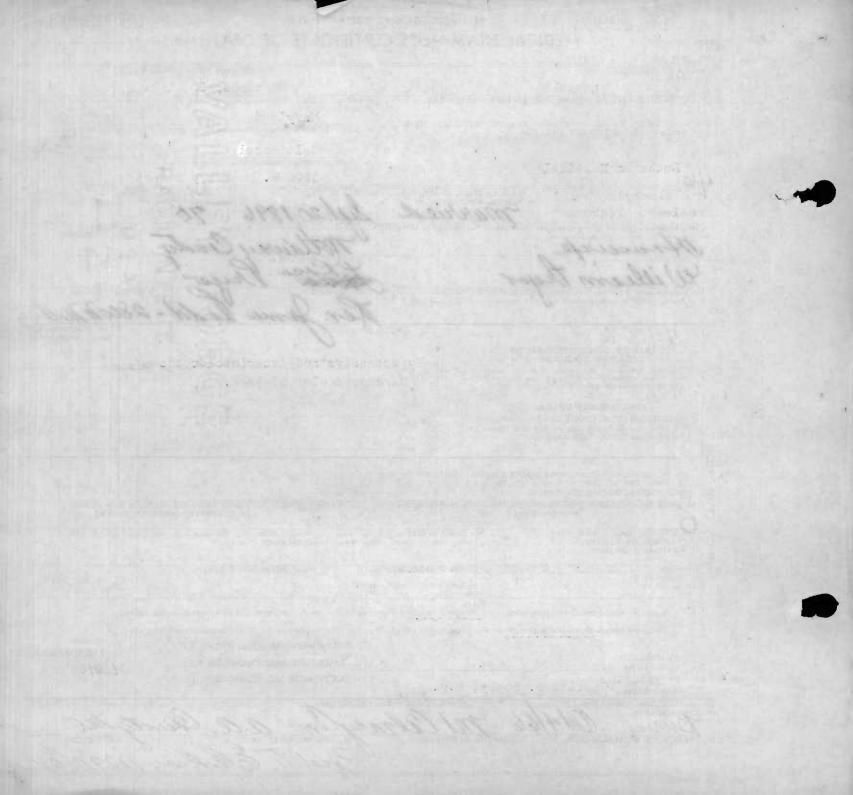
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT on Sept. 27, 1966 12 P. N 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) A. STATE B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mrs. Harry Noel, 608 Tunbridge Rd. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 11 27 19 66 and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) Maryland W. Jenkins & Sons Co. Balto.12. Md. VS 150-REV. 1/1/65



66 09903

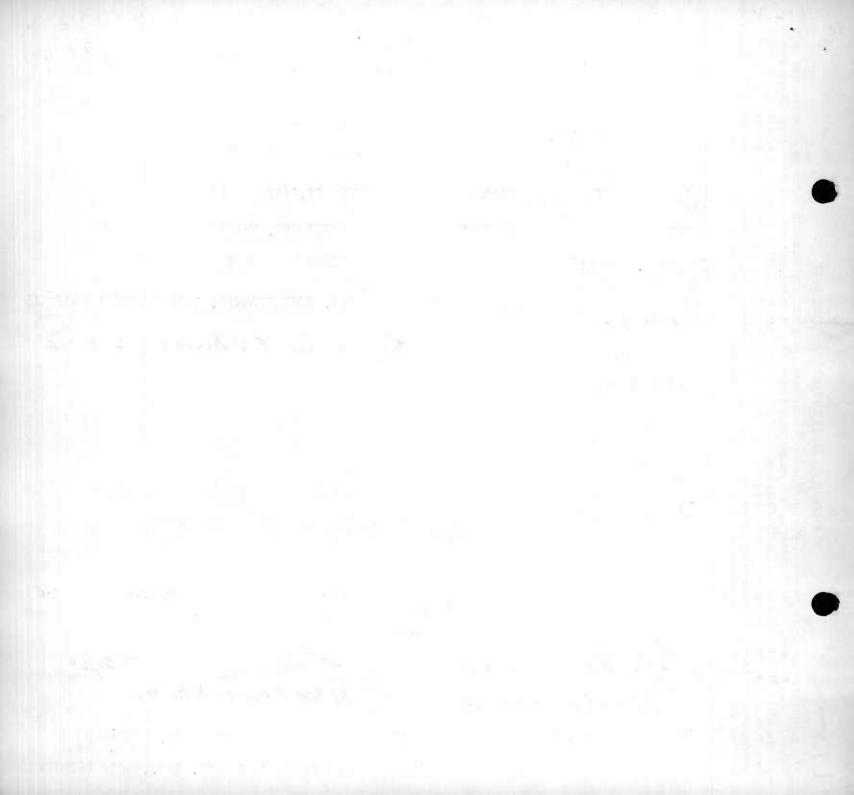
BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
LENA REDD  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	September 30, 1966 A M.
	A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corparate limits, write RURAL and give township)
INSTITUTION	Politimons 7-0-07
1 T. 41 T. 41	Baltimore D. STREET ADDRESS (If rurol, give locotion)
Lutheran Hospital	2800 W. Mulberry Street
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
Female Negro WIDOWED, DIVORCED (specify)	Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTI	RY 11. EXTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gilial and the	Likson, fr.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16, SOCIAL	47. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or deyes of service) SECURITY NO.	
	Ter James Wedd - 2800 Mulhery
IB. CAUS	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
tinis does not mean me made at dying, e.g.,	tensive and Arteriosclerotic
heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	diovascular Disease.
ANTECENDENT CAUSES	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO (f in Reliment City sine areat location)
UNDERLYING OR CONTRIB- hame, farm, factory, street,	, in ar about 21C. WHERE DID (If in Baltimore City, give exact lacation) affice bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)   WHILE AT   NOT	WHILE
22. 1 certify that I held an Inquiry Inspection X A	utapsy and that an this basis, deoth In my apinion
resulted fram: Natural causes X Accident Suici	
resulted from: Natural causes X Accident Suici	
ACTUAL O	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE ( Latter) Letty . M.I	D. ASSISTANT MEDICAL EXAMINER X 9/30/66
EXAMINER'S Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Martille MI Pall	rekelone on Court mo
24A, DATE REC'D BY HEALTH DEPT.   24B, NAME OF REGISTRAR	AC. FUNERAL DIRECTOR ADDRESS
OCT 3 1986 ( P. A. E. Faller)	12 00 500



VS 151-REV. 1/1/65

66 09904 BALTIMORE CITY HEAD	0 0 0 0 0 X
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	X
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)  LOUISE MORRISO	ON September 30, 1966
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE New York B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Ossining
T-1 - YY1.' - YY'4-1	
Johns Hopkins Hospital	D. STREET ADDRESS (If rural, give location)
30	3 Market Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Days   Hours   Min.
Female Negro Single	Mah 13, 1900 65
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	YIT. BIRTHPLACE State or foreign country! 12. CITIZEN OF
dane during most of working life, even if retired)	Mach J & T
13, FATHER'S NAME	14, MOTHER'S MAIDEN NAME
(10) - La I	
Morrison, Juhmand	Sarah Phaper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown), (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
(1es, no ar blikinowin in yes, give wor or dates of service)	Miner I Nielde 3 markette
	Quito of period / weger of the
18. CAUSE	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	losclerotic Cardiovascular Disease.
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease.	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (ALL STATING THE UNDERLYING CONDITION LAST.	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
21 A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Baltimare City, give exact lacation)
O UNDERLYING OR CONTRIB- home, form, foctory, street,	office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE
m. WORK L AT V	VORK L
22. I certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death in my apinlan
resulted fram: Natural causes X Accident Suicio	de Hamicide Undetermined manner
resulted from: Natural causes 4x Accident	
ACTUAL O	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE (Charles) Telly M.D	ASSISTANT MEDICAL EXAMINER X 9/30/66
EVAMINED'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Charles S. Petty, M.D.	
23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Marinian Mily
Jemoval Willia 166	weer way full your
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
OC 1 3 1900 OF ROLL & TOTAL	Willow Co. Cleckers 1/29 11. Call

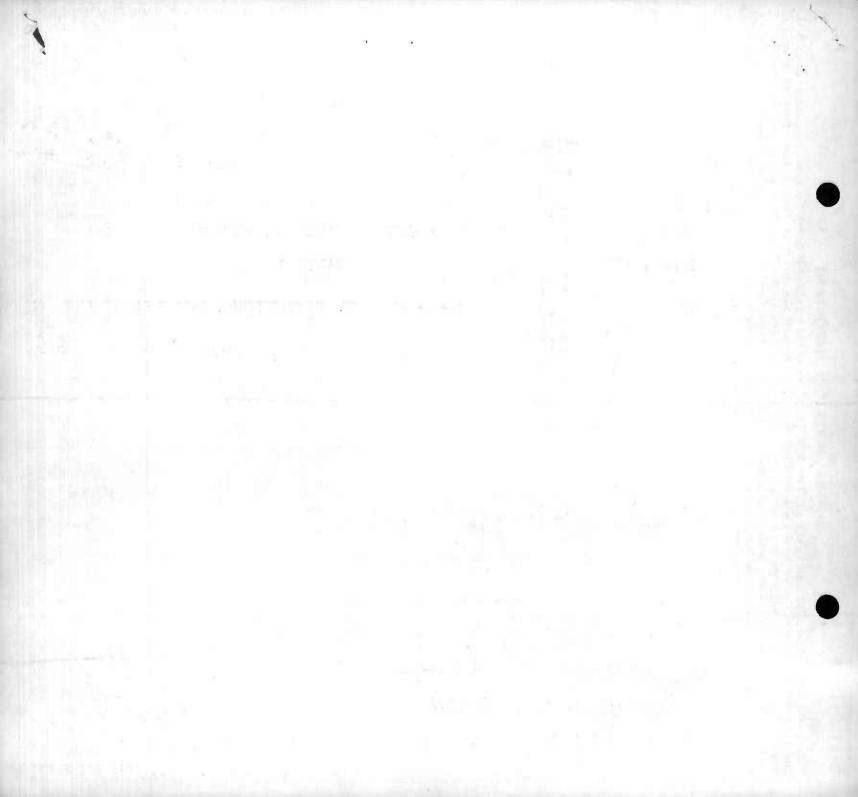
Rekissing 65 Harfak To Sagar



00 00000	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00000
BIRTH NO. 66 09906	CERTIFICA	ATE OF DEATH	Registered No	66 09906
A.E. CASE NO.  NAME OF DECEASED Type or Print)	3 vares	2. DATE AN	D HOUR OF DEATH	1130 4
PLACE OF DEATH IN BALTIMORE, MARYLAN	ID)	4. USUAL RESIDENCE (When		titution: residence before admiss
FULL NAME OF (If not in haspital or inst	itution que street	A. STATE B. COUNT		15-09
HOSPITAL OR INSTITUTION	A A	C. CITY OR TOWN (If out	side city limits, write R	URAL and give tawnship)
sina et	spital	18 alling	re	
42		D. STREET ADDRESS	tral, give lacotion)	Vare.
SEX-   6. RACE   7. M.	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24
emale White of	DOWED DIVORCED (specify)	March 10, 1887	ast bighday!	If Under 1 Yr. If Under 24 Manths Days Hours Mi
A. USUAL OCCUPATION (Give kind of work 10B, Kine during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR		gn country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWAR C	of Chane	Kussia		154
FATHERS NAME	1 6	14. MOTHER'S MAIDEN NAM	AE	
aleron show	ret	Leak?		
. Was Deceased Ever in U. S. Armed Farces? es, no ar unknown) (If yes, give war ar dates af s	ervice) 1 6. SOCIAL SECURITY NO.	17 THEORMANT	2 -	ADDRESS CON
110	215-32-438	Julien I	wares -3	02/ Wolcott
18. 4 4 5 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			nd ooolooob	
(This daes not meen the mode of dying	g, e.g., DUt/TD	ertensive arte	riosciero	ic 25_30 yr
heart failure, asthenia, etc. 11 means the d injury ar complication which caused deoth	100000,	alai dibease		
ANTECEDENT CAUSES	(B) ACU:	te pulmonary e	dema	~ 7
DISEASES OR CONDITIONS, if ony,	·	urrent		2-3 yrs
UNDERLYING CONDITION last.	y 1916 (C)	000700007	*******************************	
11				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE			
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B, IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		No	IN CERTIFYING CAL	JSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, larm, factory, street, etc.)	in at about 21C. WHERE DID affice bidg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hou	ut) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh			
22. I certify that (I) (this haspital) offer		17 00 75	9 10 9-	28⊶ 1,66
that (I) (we) lost sow the deceased oli	9.23	66		lon death occurred on the
ond hour and from the couses stated of	11 111			
23A. SIGNATURE				23B, DATE SIGNED
Dr. Harry	10) A & MD. A	ending X Med.	Stoff Phys.	9-30-66
23C. PHYSICIAN'S NAME (Type) HERMAN SEIDE	EL M.D	2404 EUTAW	PL-BALTO	., MD
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CI		CATION (Ci	y, towar a county) (Sto
REMOVAL (Specify)	Worldmen	Curle 19	alfin al	ml
5A. DATE REC'D BY HEALTH DEPT. 25B. I	NAME OF REGISTRAR	A25C. FUNERAL DIRECTOR	anornou.	6010 Rest
OCT 3 1966 C	200 E. Jackey M. A.	Sal Leunam	4/21Rdue	-6010 Recel
/S 150-REV 1/1/65		7 100000		

7 .	5	5.	1	1	
3-	no	g q	he	ch	
5	D .	Geas	n t	SL	
	pito	De	93	at h.	
	hos	(5)	Jan	P	
	0	use;	enc	+0	
	. <u></u>	Ca	att	rior	•
	urre	nec	Jar	P	ade
	000	Pr.m.	regi	dse	is m
	ath	dete	.5	pace	HOI
	de	L C	SDA	Je (	osit
5	nt ii	4	٧	٦ +	disp
A	stai	rind	leat	0 93	100
OR	dssi	ny h	Pe	dan	r fil
MP	his	of a	UNC	tend	Pe
=	707	L'e	010	at	min
OR	ine	act.	D	ola	mb
5	Kam	Afr	who	reg	ree
N.	al e	<u>ა</u> ლ	un	2	ns d
0	dic	rns;	Sici	Was	maii
RA	m J	bo /	phy	an	e re
FUNERAL DIRECTOR: IMPORTANT	hie	3od)	he	Sici	+ the
3	he	(2)	re	ph)	fore
	by t	re;	whe	ž	d be
	be/	nos	ept	9	ine
	pro	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such	obte
	dp 6	of a	0	h);	be
	st be	ent	spit	deat	Tust
	E	ccid	ho	40	aln
	ate	us u	was D.O.A. at a hospital	deceased prior to death)	written approval must be obtained before the remains are embalmed or final disposition is made.
	tific	30	A.C	d pe	dD
	Cer	WS:	D.C	edse	tten
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the alrect of contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Was	dec	¥r.

66 09907	BALTIMORE CITY	HEALTH DEPARTMENT	CC 00000 2
BIRTH NO.	CERTIFICA	TE OF DEATH Registe	pred No. 00 U39U/
M.E. CASE NO.	1 (1 5.	2. DATE AND HOUR OF	F DEATH
Type or Print) Seldman-	HIIIan	9179-	1601 3 PM
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	lived. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution,	give street	MOND IDAKT	morz
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limit	its write RURAL and give township)
15		SALTIMO	LC 21-20
20 man Nospi	Tal	D. STREET ADDRESS (If rysol, give los	1 CA CALS # 15
SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In y	reors   If Under 1 Yr. If Under 24 Hrs.
	D. DIVORCED (specify)	lost birthdow	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working lile, even if retired)			WHAT COUNTRY?
CLERK MAI	L ORDER HOUSE	BALTIMORE, MARYLA	ND USA
ISAAC CHAGT	19 / 20 21 21	SARAH ?	
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) Ilf yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	ADDRESS
NO	216-36-6828	MR. HENRY SEIDMAN,	3320 F CLARKS LANE #15
18. 170 X I	CAUSE OI	F DEATH/	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mi	tate to all and	ata Kara 1966
(This daes not meen the made of dying, e.g.	(A)	rasta the carcinon	a formain 1166
hearl lailure, osthenia, etc. It means the disease		11 +	
injury or camplication which coused deeth.)  ANTECEDENT CAUSES	(B) C6	( of Ireas)	1930
DISEASES OR CONDITIONS, if ony, giving	DUE TO		
rise to the obove cause (A) sloting the		Α	
UNDERLYING CONDITION last.			
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OF CONDITION CAUSING IT.	WHICH OPERATION ,	20A. AUTOPSY? (Yes or No.) 20B. IF YE	S. WERE FINDINGS CONSIDERED
194. Date of Operation 198. CONDITION FOR WAS PERFORMED	19 CNS SI9 14	S NO IN CERTIF	YING CAUSES OF DEATH?
	B. PUACE OF INJURY Le. g., in	or about 21C, WHERE DID	n Boltimore City, give exoct focotion)
DEATH (notify modical asserted)	of form, loctory, street, of	ice blag., INJURY OCCUR!	
21D. TIME   Month) (Doy) (Year) (Hour) 211	E INJURY OCCURRED	21 F. HOW DID INJURY OCCUP	R?
	hile At Not While		
VV	ork		
22. I certify that (1) (this haspital) attended			
that (I) (we) last saw the deceased alive an		19and that in(my)	(aur) apinian death accurred an the dat
and haur and fram the causes stated above. (	I) (We) (did) (did nat) v	iew the bady after death.	
23A. SIGNATURE			23 B. DATE SIGNED
Daving under	War Phys	Med. Stoff Phys.	, 9/29
23C. PHYSICIAN'S NAME I Type	2	3D. ADDRESS	1/ 1/1
BARRY / LINIDEN	BAOM M.D.	DINAI	HURRITED
4A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
	RETU TETIOU	211770	E WANTANO
BURIAL 10/2/66 E	SETH TELLOH	BALIMUK	E. MAKYLAND
	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
OCT 3 1966 Relad		BALTINOR  25C. FUNERAL DIRECTOR  SOL LEUTINSON & BROS	. INC., 6010 REISTERSTO



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

V. s. 153 10-13-66 M.H.

IMPORTANI

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



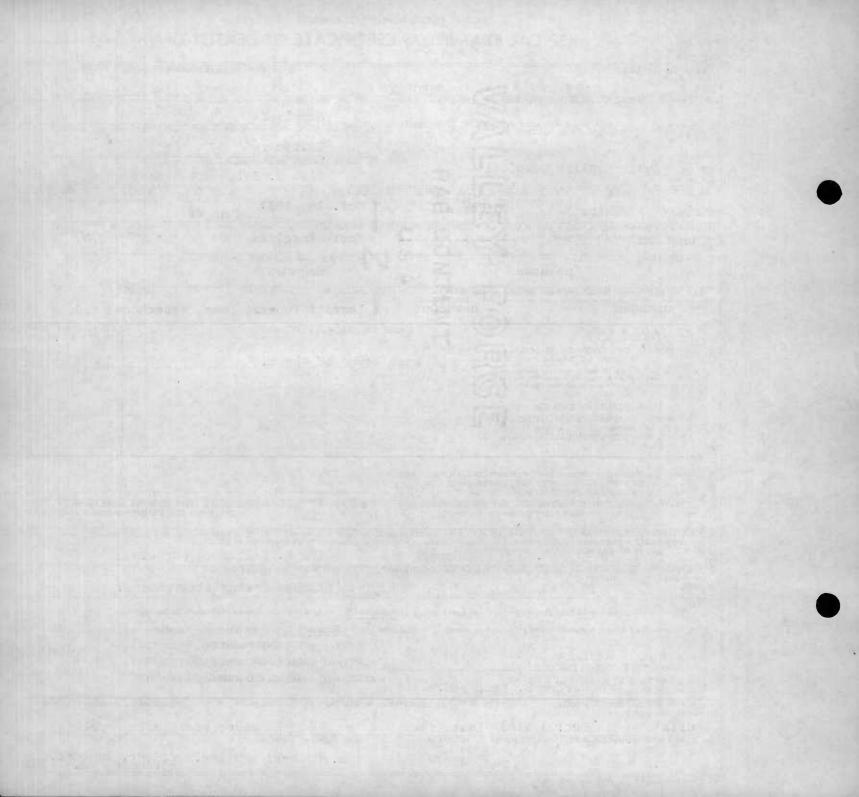
FUNERAL DIRECTOR: IMPORTANT

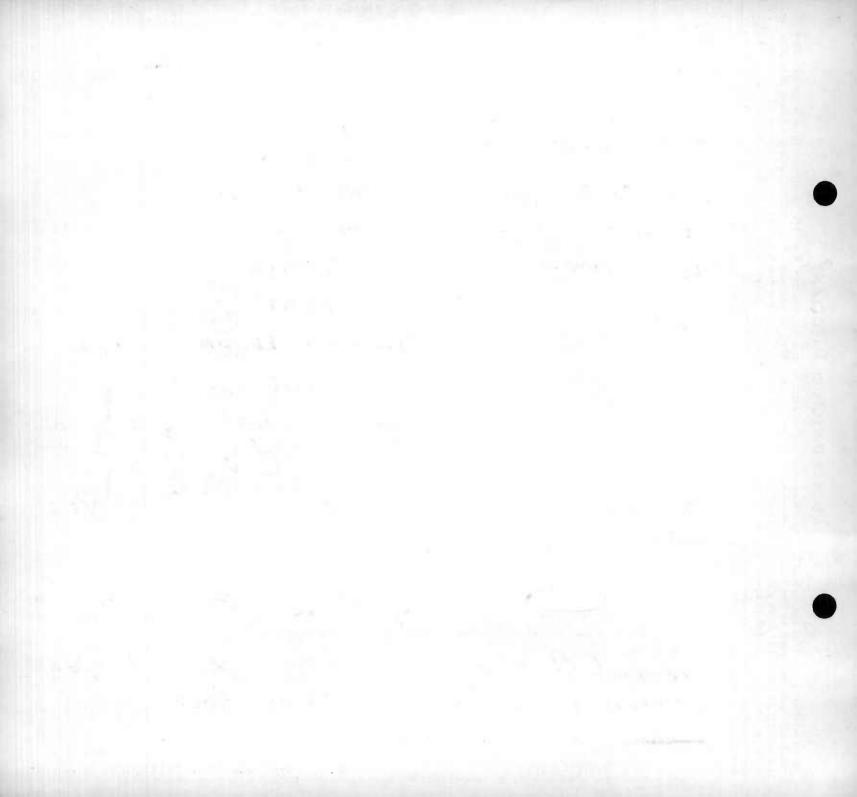
	DALTIMOKE CI	HEALTH DEPARTMENT		66 09910
BIRTH NO. 66 09910	CERTIFICA	ATE OF DEATH	Registered No	
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print)	1 March		/ /	100 1 10 30 D
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	VROGAN		deceased lived Him	stitution; residence before odmission
TINGE OF DEATH IN DATING WARRANT		A. STATE B. COUN	TY	1 - A)
FULL NAME OF (If not in hospital or institu	tion, give street	MARGLAN	2	201
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	side city limits, write R	URAL ond give township)
1/1/2		BALTIMOR	E //	
77			urol, give location)	
Union MEmorial	Hacinta	2613 Mile	- DIENC	18
	RIED, NEVER MARRIED		AGE (In years	
	OWED, DIVORCED Ispecify)	OO 10 00	ost birthday)	Months Doys Hours Min.
FEMALE White W.	docued	09-17-98	60	
OA. USUAL OCCUPATION (Give kind of work 108. KIN	D OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)		Vikania		U.S.A.
14008EW1 JE		2/11		0.3.71.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
SAM MESSER		SOLVIE	UNKNO	and M
5. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	OJUNIO	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of serv	vice) SECURITY NO.		1 11 11000	2444 = 2-40
No		MR. WILLIAI	VI Fr. UNDY	MAN SAME
1B. 422,11	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(1)	EREBRAL TH	Kombosis	7-0/2015
(This does not mean the mode of dying,			, Uniposi-	
heart failure, asthenia, etc. It means the dis- injury ar camplication which coused death.)	ease,			
	100	SCUD		2015
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, g				
rise to the above couse (A) stating UNDERLYING CONDITION lost.	the IC)	. Services Services & & Services & & Services & & & & & & & & & & & & & & & & & & &		
ONDERENNO CONDITION IOSI,				
Z	LIENALO.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C				
DISEASE OR CONDITION CAUSING IT.		V		
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORMED				
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.	, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	Since olog., INJORI OCCOR:		
21D. TIME (Month) (Doy)   Year) (Hour)	015 1011100 0 0 0110000	215 110 111 212 1111	104 0 001100	
OF INJURY		21F. HOW DID INJ	DRY OCCUR!	
(APPROX.)	While At Work At Work	rk		
22. 1 certify that (1) (this hospital) attend	4-4-4	5075 mase 90	0//55/	TEMBER 30,1966
that (I) we) lost sow the deceased alive	on Stranker	19 66 and the	of in (my) (out) opin	nion deoth occurred on the
and haur and fram the causes stated abar	ve. (I) We did (did nat)	view the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
1 100	M.D. A	ttending Med.	Stoff -	alaska
amente loan	clay Str. P	hys. Director	Phy s.	7/2466
25C PHYSICIAN'S NAME (Type)	(11)	23D. ADDRESS Union	M emorial	Hospital
	Cartor Jr M.		mario H	OSPITAL
7000	4C. NAME of CEMETERY OF C	0 101010 1 101	OCATION (Cit	ty, town, or county) (Stot
REMOVAL (Specify)	1	/ 240. [(	JUAN (CI	iy, lowii, or county) (310)
BURIAI 10-3-66	Valeaha / B	motery Da	Affield. V	INCENIO
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	11111	ADDRESS/
OCT 3 1966 R.C.	R. E. Fallev M. D.	11111 P. F. R	Nach 2 /213	St (Paul 01
4 0010 1300 dly	TO C' TOWNS IN	M COM, B	vories 13	Aftimore, 2, Md.
2 2 CO DEN 1 /1 /1 C				



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) JAMES GREGORY September 29, 1966 1:50 A 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) Johns Hopkins Hospital 2108 E. Baltimore Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. widowed, Divorced(specify)
Divorced Months, Days, Hours, Oct. 16, 1927 Male White 38 33 10A, USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working life, even if refired) WHAT COUNTRY? North Carolina 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME unknown unknown ADDRESS L 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, na or unknawn),(If yes, give war or dates of service) SECURITY NO. unknown unknown Leavitt Funeral Home, Wadesbore, N.C. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stab Wound of Chest. (This does not moon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ō H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact lacation) home, farm, factory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB-UTING CAUSE OF DEATH. House 2122 E. Baltimore Street 21D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Year) OF INJURY IAPPROX.) A WHILE AT NOT WHILE '66 Stabbed during altercation. 22. I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinian resulted fram: Natural causes Accident Sulcide Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER alle SIGNATURE 9/29/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION. 23C. NAME of CEMETERY of CREMATORY 23B, DATE 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Oct. 3,1966 East View Wadesbore, North Carolina 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS 1217 St. Paul St. Baltimore, Md. 21202 Wm. Cook-Brooks, Inc.

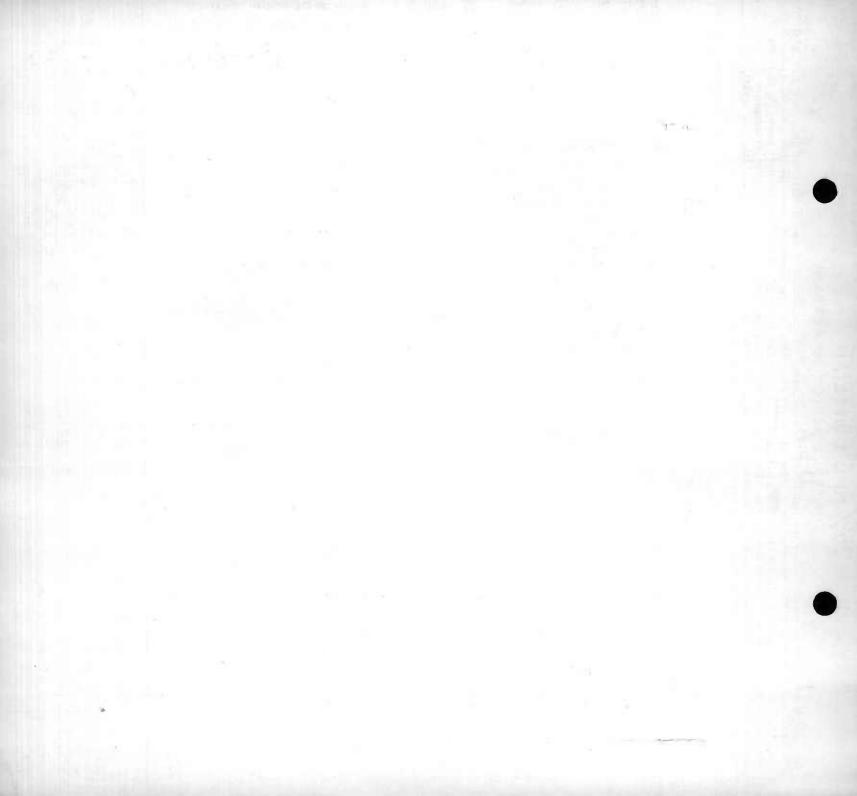
VS 151-REV. 1/1/65





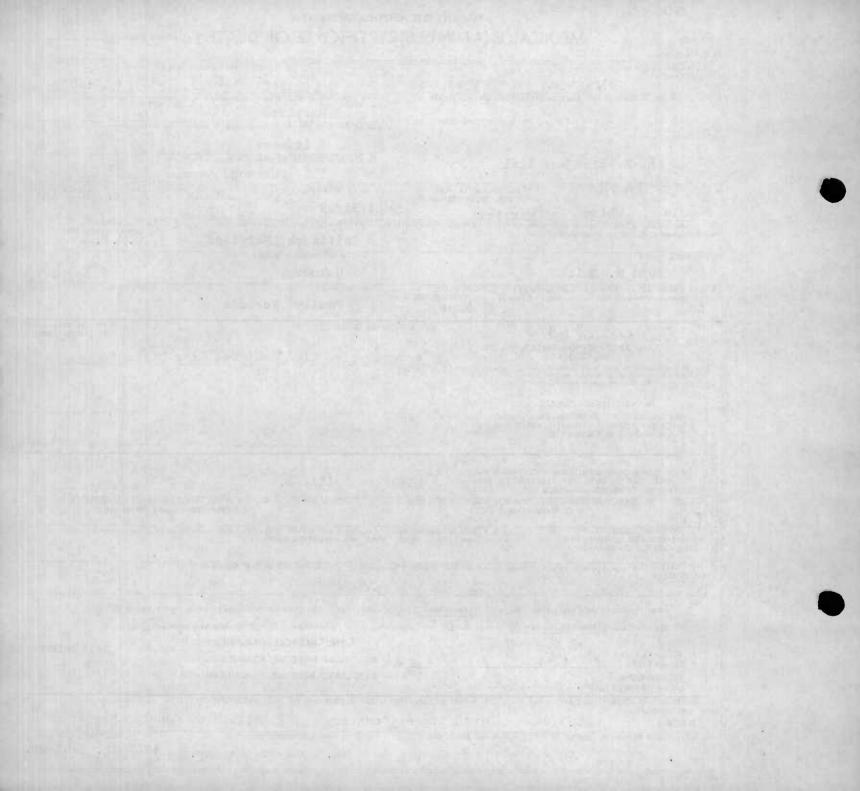
FUNERAL DIRECTOR: IMPORTANT

	655 562-33 AI	E O BALTIMORE CITY	Y HEALTH DEPARTMENT	66 09913
	H NO.	CERTIFICA	TE OF DEATH Registered No.	0 00010
1, N	AME OF DECEASED	Addison	2. DAYSAND HOUX OF DEATH	9 40 A
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If institute A. STATE B. COUNTY	tion: residence before odmission
F	ULL NAME OF (If not in hospital or institut	ion, give street	Maryland 1.	1-03
i	NSTITUTION BBBIESS OF IBECIENT		C. CITY OR TOWN (If outside city limits, write RURA Baltimore	(L ond give township)
1	Cnion Memorial	Hospital	D. STREET ADDRESS (If rural, give location)	
V		1	306 W. Franklin	34,
5. S	WIDO WIDO	RED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH  01-D6-83  9. AGE (In years lost birthdoy)  83	Under 1 Yı. If Under 24 Honths Doys Min.
	USUAL OCCUPATION (Give kind of work 10 B, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	CITIZEN OF WHAT COUNTRY?
,0114	Retried		Wax MAKYLAND	American
3.	FATHERS NAME PARKE Poind	exten, Flournoz	14. MOTHER'S MAIDEN NAME MAKY M	GURE SMIT
	de vilono ano		distance of	
Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or doles of servi	ce) 16. SOCIAL	17. INFORMANT	300 St Pasl
_	NO	214-37-15-	74-A, MK James Kidgely	BAltimor
	DISEASE OR CONDITION DIRECTLY	CAUSE	DE DEATH (	ONSET AND DEATH
	LEADING TO DEATH	in Ko	btuned abderman	
	(This does not mean the made al dying, hearl loilure, asthenio, etc. II means the dise		2	
	injury or complication which caused death.)		catre anewopon	
	ANTECEDENT CAUSES	DUE TO		
	DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stating UNDERLYING CONDITION last.		Acris Elevoris	Dul
MOIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
RTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE!	OF DEATH?
CAL CE	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Baltimfore Cit office bldg., INJURY OCCUR?	y. give exact location)
ED	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	2.73
\$	(APPROX.)	While At Work At Work		,
	22. I certify that (I) (this haspital) attend	ed the deceased from	4. 13, 1966 to Sep	31, 1966
	that (I) (we) last saw the deceased alive	on Sep 31	19 6 and that in (my) (our) opinion	death accurred on the
	and haur and from the couses stated abov	e. (1) (We) (did) (did nat)	view the bady after death.	
	23A. SIGNATURE Sur young	Charl M.D. AH	ending Med. Stoff	Sep 31 66
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS The Union Memorial	Hospital
24A	Dr. S un Young (	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, It	own, or county) (State
-	REMOVAL (Specify)	3	0	1 0
25A	DATE REC'D BY HEALTH DEPT 258 NA	ME OF PEGISTRAP	25C. FUNERAL DIRECTOR	PADDRESS
	OCT 3 1966 R.C.	& E. Landey MA	WM Cook-Brocks, BA	St Paul ST Stimore Mc
_	150-REV. 1/1/65			7

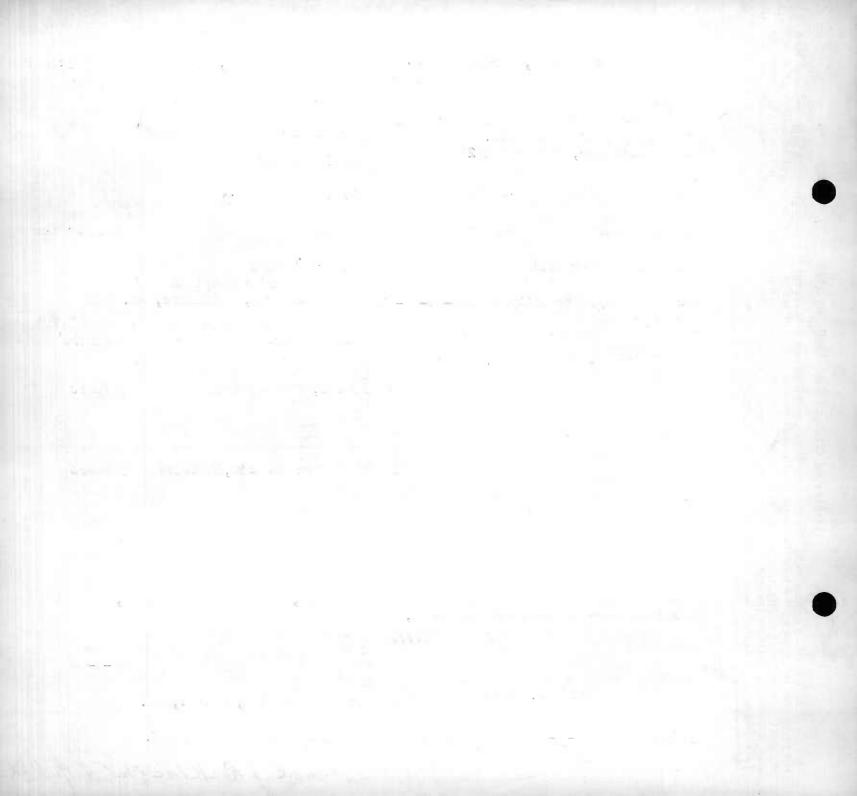


			1		
<	. <	5	1	6	
			/	0	

	TH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICATE OF I	DEATH Registe	red No.					
-	E. CASE NO.	ED.			2 DATE AN	D HOUR PRONOUNCE	ED DEAD					
1. NAME OF DECEASED (Type or Print)  ET OPENOR  GNOVIDERORD												
FLORENCE SNOWBERGER  3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD					September 29, 1966   10:40 P M.   14. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)							
					A. STATE Maryland B. COUNTY							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION  3 3 Johns Hopkins Hospital					C. CITY OR TOWN (If outside carporate limits, write RURAL and give towaship)  Baltimore  D. STREET ADDRESS (If rural, give locotion)							
								1927 Sherwood Avenue				
								5. SEX   6. RACE   7. MARRIED, NEVER MARRIED				
					WIDOWED, DIVORCED(specify)					1/31/93	73	Manths Days Hours Min.
104	Female	White	Marrie	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig		12. CITIZEN OF					
dane during most of working life, even if retired)					Baltimore, Maryland U.S.A.							
13, FATHER'S NAME					14, MOTHER'S MAIDEN NAME							
John R. Smith					Unknown							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL					17. INFORMANT ADDRESS							
	s, na ar unknawn) (If )	es, give war ar date		SECURITY NO.	Family Records							
	No			None	Family Records							
MEDICAL CERTIFICATION	(C)											
	19A. DATE OF OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (If in Baltimare City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT WHILE THE WORK AT WORK											
	22. I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my aplaian											
	resulted fram: Natural causes X Acciden Suicide Hamicide Undetermined manner											
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D.				CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER 9/30/66  ASSOCIATE MEDICAL EXAMINER							
	A. BURIAL CREMA			C. NAME OF CEMETERY	or CREMATORY 23D. I	LOCATION (City	, town, ar county) (State)					
RE	Burial	10/3/	56 D	ruid Ridge	Cemetery Ba	altimore, Co	unty Maryland					
24	A. DATE REC'D BY			OF REGISTRAR	24C. FUNERAL DIRECTO	R	ADDRESS					
	0	CT 3 1968	Rober	SE. Fellow	WM. Cook-Bro	ooks Inc.	f217 St. Paul St.					
V	S 151-REV. 1/1/65			Control of	O 33 - 53 - 3	}						



VS 150-REV. 1/1/65



Leave and the second se france of the state of CHANGE TO ME SECURE STATE OF THE PARTY OF TH Malleroles Ha The desirence was saids THE IN PRODUCTS OF ME PER SECTION ARTHUR STAN LOUIS SERVICE STREETS SHAPE SH de avierien d'illiance le la la want with brown per formation of any 30.34.9 20-1-01 Litte am and CHERCH MANE IN MALE CO DE MARIA A T , use this BELLEVILLE STATE OF THE PARTY O

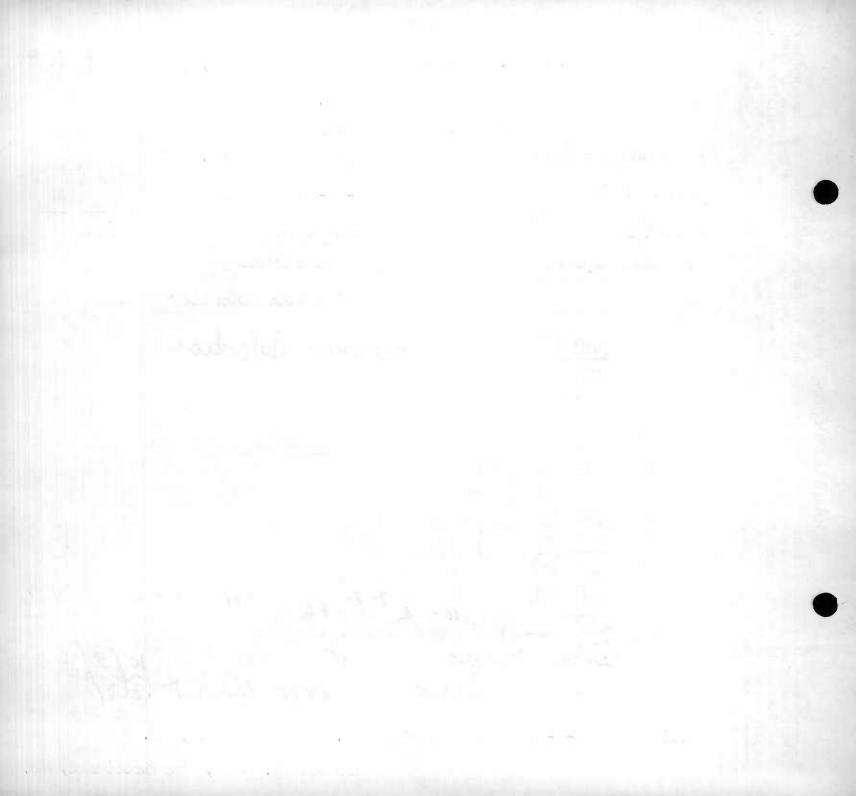
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

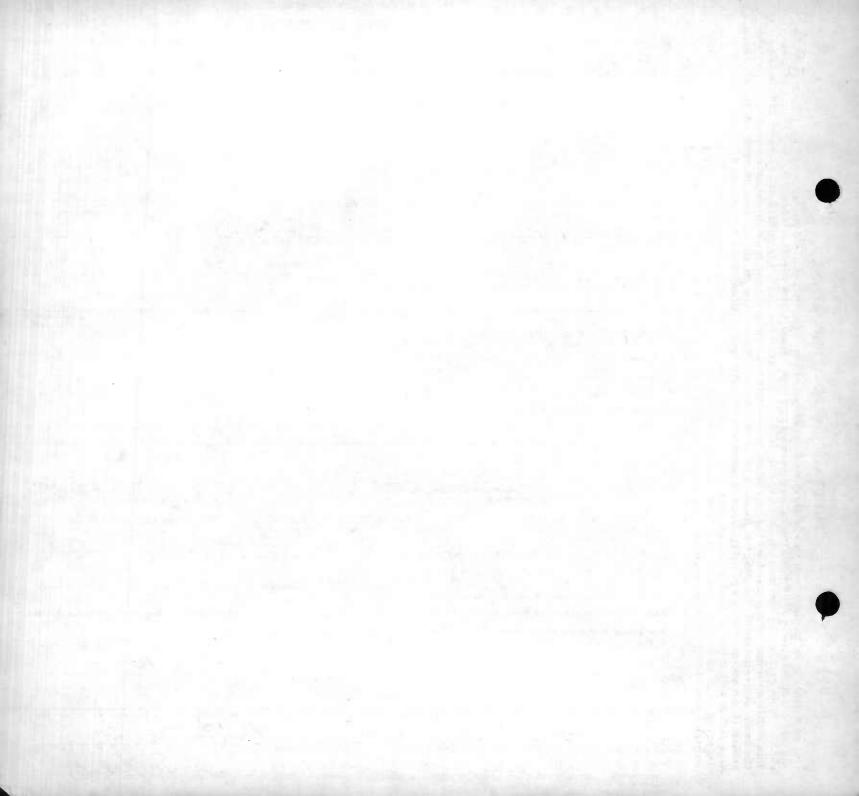
BALTIMORE CITY HEALTH DEPARTMENT



Many management ( Janes P. luciof p. JOHN P. LIETT BE WITH KING SEE SEE

## A. 633 BERTH NO. BERTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 09920

M.E. CASE NO.	
1. NAME OF DECEASED Tack armett	October 15 t 66 4:10 Am.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (II, oviside corporate limits, write RURAL and give township)
46 Cutheran Avogstal	D. STREET ADDRESS (If rurol, give) occasions  LADID Chitton arenal
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years of Under 1 Yr. If Under 24 Hrs.
Male Colored Married	17-26-1897 lost birthdoyl Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if visited)	11). BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	Sabina Chaett family
18. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ter of least - Condo
(This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	senfon Dease
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
Ď II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNDERLYING OR CONTRIB-	in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR?
	21F. HOW DID INJURY OCCUR?
22,   1 certify that 1 held on Inquiry   Inspection X Au	topsy ond that on this basis, death in my opinion
resulted from: Notural couses Accident Suicid	
ACTUAL MURNIC, h - 3 - (MD	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER _ Cet 18166
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY CREMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, or county)
24A, DATE REC'D BY HEALTH DEPT. 124R NAME OF REGISTRAD	24C, FUNERAL DIRECTOR ADDRESS
OCT 3 1966 Robert E. Falleria	Elion OWilson und Beauter
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M. D.  23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)  Blunch 10 -6-66 Carrer  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	CHIEF MEDICAL EXAMINER DATE SIGNE ASSISTANT MEDICAL EXAMINER Cet 1 st 6  OF CREMATORY 23D. LOCATION (City, town, or county)  Cont Location (City, town, or county)  Cont Location (City, town, or county)



M.E. CA  1. NAME (Type or	SE NO.	11. 14	`~	ATE OF D		Registered No	
	E OF DEATH IN BA	HICKS		IIA IISHAI PESH	DENCE (Where	11/2/16	institution: residence before od
				A. STATE	B. COUNT	Y	Institution; residence before on
			institution, give street OPKINS HOSP-ITAL	C. CITY OR TO BALTI	WN (If outs	ide city limits, write	RURAL and give township)
3.	3 BALT	IMORE ,	MD 21205	D. STREET ADD	DRESS (If re	FFMAN ST	REFT
5. SEX	6. RACE	7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF PIRT	TH / 9	AGE (In years	If Under 1 Yr. If Under Months Doys Hours
	IAL OCCUPATION (Cong most of working lite,	, even if relired)	08, KIND OF BUSINESS OR INDUST	TY 11. BIRTYPLACE	Whote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATH	IERS NAME			14. MOTHER'S	MAIDEN NAM	IĒ.	
	SOL HICK	S		CLAR	A HICK	S	
15. Was (Yes, no o	Deceased Ever in U. or unknown) (If yes, gi	S. Armed Force	of service)   16. SOCIAL SECURITY NO.	17. INFORMANT	the	ko,	ADDRESS
1B.	055,4	1	CALISE	OF DEATH	17		INTERVAL BETWE
	DISEASE OR CO	NOTION DIRE	CTLY SONED	Vam hega	1		)
(Thi	s does not meon rt foilure, osthenio.	the mode of detc. It means the	he discose.	ym hegs	1 / 44 3	1313	
inju	ry or complication	which coused d	eoth.)				
DIS	EASES OR COND		TY. giving	iki di diki di nini di di nini di	<u> </u>		19 m m m m m m m m m m m m m m m m m m m
rise	to the obove	couse (A) s		*****************************		******************	
		11	E				
ATT DIS	HER SIGNIFICANT C THE DEATH BU EASE OR CONDITIO	ONDITIONS CO	NTRIBUTING 5		1		
TIFIC 19A.	DATE OF OPERATIO	WAS PERFO	TION FOR WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No)		E FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A.	ACCIDENT WAS U CONTRIBUTING C TH (notify medical e	AUSE OF	21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or obout 21C. W office btdg. tNJURY	HERE DID	(If in Boltimo	ore City, give exoct locotion)
21D. Of I	TIME (Month) PROX.)	(Doy) (Yeor)	(Hour) 21E. INJURY OCCURRED  While At Not Work At Wo	nile [	DINI DID WO	RY OCCUR?	
22.	I certify that 🖾 (	this hospital)	attended the deceased fram	07/	29 19	66 to	19/30/19
	(%) (we) last saw		10/2	19 66			oinian death accurred on
		causes state	d above. 😭 (We) (did) (did not)				
	SIGNATURE	ung		ttending A		otoff Phys.	10/31/66
23 C.	NAME (MURRA	AY A. K	ATZ /	JOHNS	HOPKII	NS HOSPI	TAL
24A. BUI	RIAL CREMATION, MOYAL (Specify)	Ost 5/4	de Mt Call	my Ces	24D. LO	CATION (	City lown, or county)
25A. DA	OCT 3		SB. NAME OF REGISTRAN ROSE & Faller M.		AL DIRECTOR	Plecker	ac 1/29 7, Cul
VS 150-F	REV. 1/1/65	-		0	0		1 1

11/22/13 32 allist Hile

BALTIMORE CITY HEALTH DEPARTMENT 66 0992 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 6:00 A M. **JOHNNY** LACEY September 30, 1966 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (If rurol, give location) Church Home and Hospital 1400 E. Baltimore Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF BIRTH plf Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours . Min. Male Negro 46 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. PRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16. SO CIAL SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES Spinal Cord Compression DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Subluxation of Cervical Vertebrae. C OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? C Yes Yes 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (II in Boltimore City, give exact location) home, form, locatory, street, office bldg., INJURY OCCUR? ZIA, EXTERNAL CAUSE WAS MEDI UTING CAUSE OF DEATH. 32 N. Caroline Street House 21D TIME (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) OF INJURY (APPROX.) NOT WHILE E Fell from 1st floor porch roof. 9 I certify that I held an inquiry inspection - Autopsy X and that on this basis, death in my opinion resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 9/30/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION. 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specily)

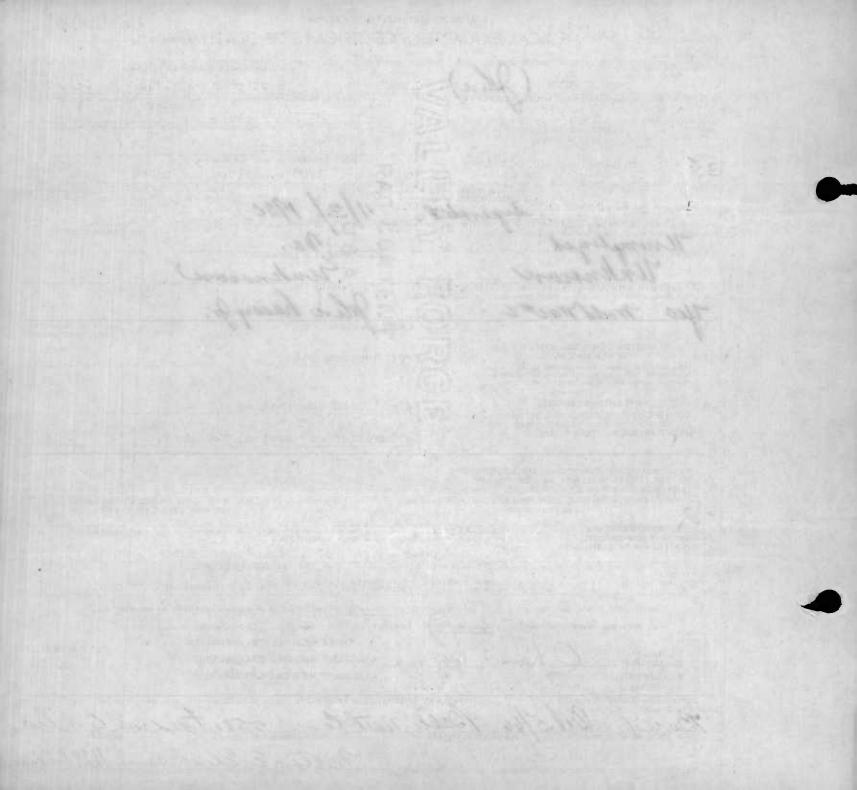
VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

h. it c

248 NAME OF REGISTRAR

11199 /



II Under 1 Yr. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? D. S. A ONSET AND DEATH

IN CERTIFYING CAUSES OF DEATH?

(If in Boltimore City, give exact location)

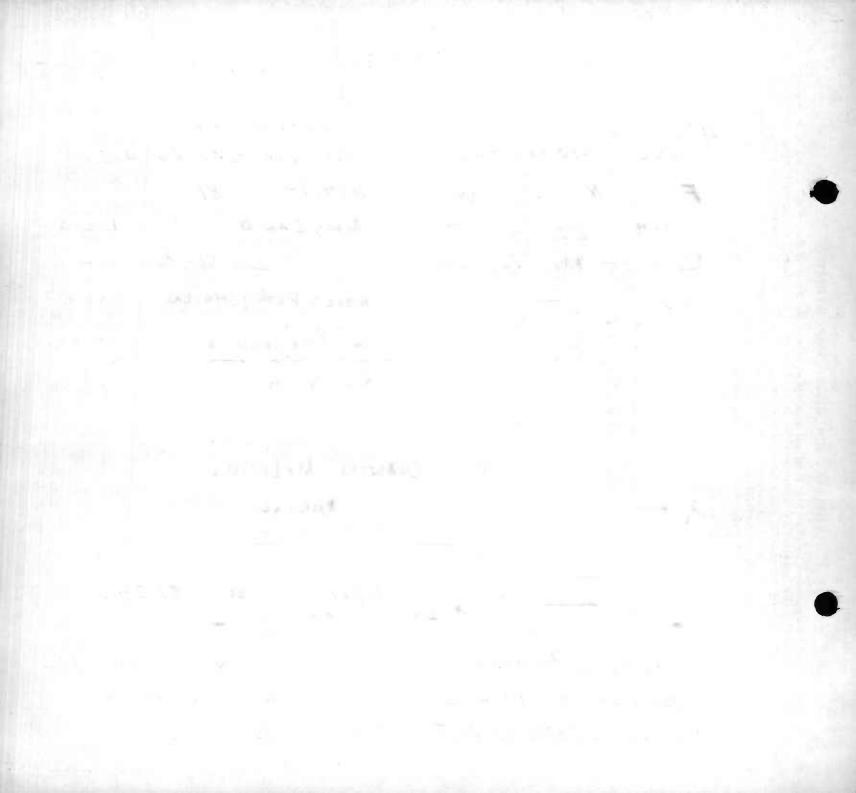
BALTIMORE CITY HEALTH DEPARTMENT

\_\_\_\_\_\_19\_\_\_and that in(my) (aur) aplnian death occurred an the date

ADDRESS

23B, DATE SIGNED

VS 150-REV. 1/1/65



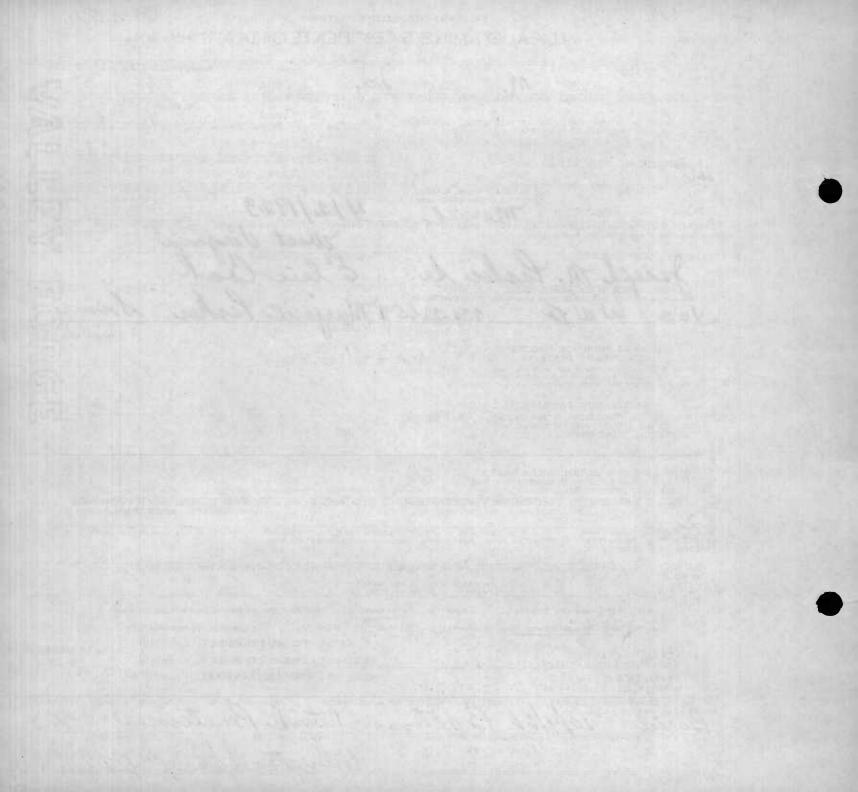
66 U9925 BALTIMORE CITY H	EALTH DEPARTMENT 66 U9925
	CERTIFICATE OF DEATH Registered No.
A.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
John R, Rice	9/26/66 11:43 p. <sub>M.</sub>
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OSTITUTION	Maryland C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)  Baltimore D. STREET ADDRESS (If rurol, give location)
36 Franklin Square Hospital	1004 N. Carrollton Ave.
male   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED (specify)   WILD   WILD	B. DATE OF BIRTH  2/7/76 7  9. AGE (In years lift Under 1 Yr. If Under 24 His. Months Doys Hours Min. 90
DA. USUAL OCCUPATION (Give kind of work 10 8, KIND OF BUSINESS OR INDU one during gold of working life, even if retired)	Uirginia WHAT COUNTRY?
3. FATHER'S NAME Robert Rice	Misch Williams
es, no or unknown (If yes, give wor or doles of service)  16. SOCIAL  SECURITY NO.	Theraal Hames 744 Dalfhen St
LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the discose, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (AI STATING THE UNDERLYING CONDITION LAST.  (C)	cinoma of prostate gland
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (etc.)	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location) et, office bldg., INJURY OCCUR?
m. WORK A	OT WHILE T WORK
22. I certify that I held an Inquiry Inspection	Autapsy and that an this basis, death in my apinlan
11112	CHIEF MEDICAL EXAMINER DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAMINER 9/27/66
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETE 23C. NAME of CEMETE 23C. NAME of CEMETE 24B. NAME OF REGISTRAR	124C, FUNERAL DIRECTOR 23D. LOCATION (City, town, or county) (Stotol-
0 1 1966   1974	Mengton & Shellips 1727 Mens



VS 151-REV. 1/1/65

2/1/263 Milal Williams Weered Hance Taylord. Russia White Mit- authoris Genterius Site

_ 1		66 09926 BALTIMORE CITY HEALTH DEPARTMENT 66 09926
4- 68	26	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
V	100	M.E. CASE NO.
		(Type or Print)  JOSEPH  PARKER  PARKER  2. Date and hour Pronounced Dead September 29, 1966  7:25 A
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
		A. STATE Maryland B. COUNTY Balts. County
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  INSTITUTION  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
		Baltimore
		Lutheran Hospital  D. STREET ADDRESS (If rurol, give locomon)  24 Jones Avenue
		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
		Male Negro WIDOWED, DIVORCED (specily) 412/1923 lost birthdoy Months, Doy's Hours, Min.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign gountry)  12. CITIZEN OF WHAT COUNTRY?
		West Virginia
		13. FATHET'S NAME
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
		(Yes, no or unknown), fif yes, give wor or dotes of service) SECURITY NO.
		Jes WW J. 234-22-639 Marjare Jarner Same
		CAUSE OF DEATH ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Status Epilepticus.	
	(A) Status Epiteptitus.  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease.	
	injury or complication which coused death.)	
		ANTECENDENT CAUSES
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
		UNDERLYING CONDITION LAST.
		(C)
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE
		LE DISEASE OR CONDITION CAUSING IT.
		198. CONDITION FOR WHICH OPERATION Yes 198. CONDITION FOR WHICH OPERATION Yes 198. CONDITION FOR WHICH OPERATION Yes
		ZIA. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
		UNDERLYING OR CONTRIB- home, form, foctory, street, office bidg., INJURY OCCUR?
		21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		(APPROX.)  WHILE AT NOT WHILE AT WORK
		22. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death In my apinion
		resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner
		CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER X  0/20/66
		FYAMINER'S ASSOCIATE MEDICAL EXAMINER 9/29/66
		NAME (Type) Charles S. Petty, M.D.
		23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stole)
		124A DATE REC'D BY HEALTH DEPT. 124B NAME OF REGISTRAR 124C, FUNERAL DIRECTOR ADDRESS
		21A. DATE REED ST TEACH DET
		OCT 3 1966 Robert E. Farleyma Chlington & Shellips 172 7 N. Man
		VS 151-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

Church House + Hospital Fem. White 4961-42-405 unda Toler Robert Gradford Robert Bradford. therein pary being grade of 1 700 00 Oct 10 Sep 47 -V 10.5-C How Both on the Claud for + Hope The fire to promite the

Timed, wither the transfer of the second state of the second state

		00	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	66 U99	29	CERTIFICA	ATE OF DEATH	Registered No.	66 09929
	F DECEASED			2, DATE AN	D HOUR OF DEATH	
(Type or Prin				01.		1.000
3. PLACE C	OF DEATH IN BALTIMORE	MARYLAND	2	4. USUAL RESIDENCE (Whe	26 66 re deceosed lived. If insti	tution; residence before odmission)
FULL NA HOSPITA INSTITUT	L OR oddress or lo	pitol or institutio cotion)	n, give street	C. CITY OR TOWN (If ou	Iside city limits, write RU	RAL and give township)
38	UNIVERSI	ra Hos	PITAL	D. STREET ADDRESS (IF	rural, give location)	51-00
5. SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
MALO		Mas	VED, DIVORCED (specify)	6/12/2/	lost birthdoys	Months Doys Hours Min.
	OCCUPATION (Give kind of nost of working lite, even if reti	work 108. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	ING DEPT.		d military oo	MRRYLAND		
3. FATHER		ויויוקטו	S. TIRE CO.	14. MOTHER'S MAIDEN NA	AAE	b.s. A.
3. FAIRER	3 INAINE			14. MOTHER'S MAIDEN NA	WE	
WILL	BALRE WALKE	R		BOIN FIDE	24	
5. Wos Dec	eased Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT	4 - 9	ADDRESS
	known) (If yes, give war or	dates of service		773.0.74		
YES	WW 2		215-24-6-65	EMMA C. WALKER,	FROSTBURG, 1	
18. 4	52/1		D'I dense d	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
1 0	DISEASE OR CONDITION	DIRECTLY	JE VE			ONSET AND DEATH
	LEADING TO DEA	ATH	APPROVED	STRUCUIRTO		
	loes nat meon the made		g., Q PUETO		×	*************************************
	oilure, osthenia, etc. It me		10. Jan 10		WATERY	
Injury o	or camplication which cou	used deoth.)			Management of the last	
	ANTECEDENT CAL	JSES	3 8 E. TO	AR IN IN HOT	CINELLIS	
DISEAS	SES OR CONDITIONS,	if any givin	3 = 15	And the state of t	Na	
	a the obave couse					
	RLYING CONDITION last		一品 小量			M 99 (10 0 0 0 0 m 0 0 0 m 0 m nium dipin (10 mm 0 niu mm 0 pin m 0 gan m gan m 10 pin m
	11					
≅   TO TI	SIGNIFICANT CONDITION HE DEATH BUT NOT SE OR CONDITION CAUSI	RELATED TO	CERT BNI			
U 19A. DA	TE OF OPERATION 198.	CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE FIN	IDINGS CONSIDERED
19A.DA	WAS	PERFORMED		YES	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. AC	CIDENT WAS UNDERLYIN	IG T	18 PLACE OF INTERVIEW	in or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
OR COL	NTRIBUTING CAUSE OF		ome, form, foctory, street, c	office bldg., INJURY OCCUR?	With bollinore C	sily, give exoct locoholi
O 21 D. TIA	AE (Month) (Doy) (Y	eor) (Hour) 2	1E INJURY OCCURRED	21F. HOW DID INJ	HRY OCCUP?	
S OF INJ	URY		While At Not Whi		OXI OCCOX.	
(APPRO	X.)		Work At Work			
22 1 -		.:4-1\ .44	I she downed to 5	· Isas	1016. 21	See 19 66
			the deceased fram			
that (1)	(we) last saw the dec	eased alive a	9/26	19_6_6and th	at in (my) (our) apinio	an death accurred on the da
and ha	ur and from the causes	stated above.	(I) (We) (did) (did not)	view the bady after death.		
	NATURE		17 (110) (110)	view the bady differ deaths	12	38, DATE SIGNED
	-		44 D A	anding AAnd		
2	T . we las asse	Sarria	M.D. Att	ys, Med. Director	Phy s.	9/26/66
	YSICIANS	The Later of	-	23D. ADDRESS		
NA	ME (Type) DONATO	M DADDI	LCA MD		11	-
	DOMALD	M. BARRI	LUK M.D.	OMINEBBIAL	HOIDIGHT	- BAL 00, 010
AA. BURIA	L CREMATION, 248, DAT	E 24C.	NAME of CEMETERY OF CE	REMATORY 24D. L	OCATION (City.	town, or county) (Stote)
	VAL (Specify)	1000			TO COMPANY	
BURIAL		)-1966	FB'G. MEMORTA	T. PARK	ROSTBURG, MD	•
25A. DATE	007 4 4000		E OF REGISTRAR	23C. FUNERAL DIRECTOR	TO COM COM	ADDRESS
	OCT 4 1966	AD B	5 FA. W. 41	JUSEPH R. DI	RST, SR., FR	OSTBURG, MD.
/S 150 PEV		- Ula Cient				
VS 150-REV.	17 17 93					

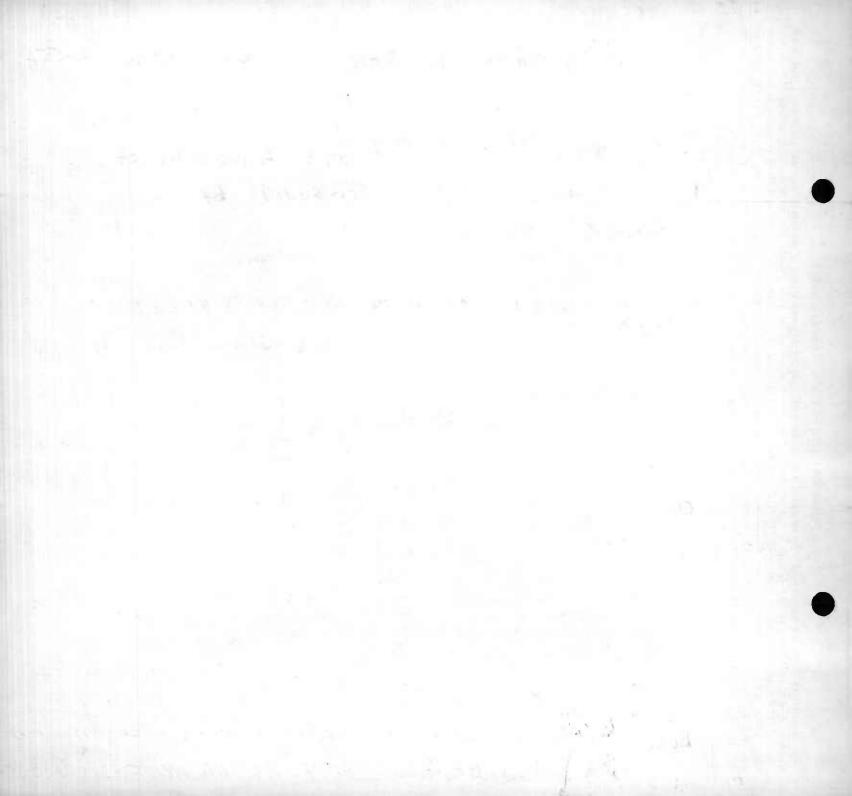


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



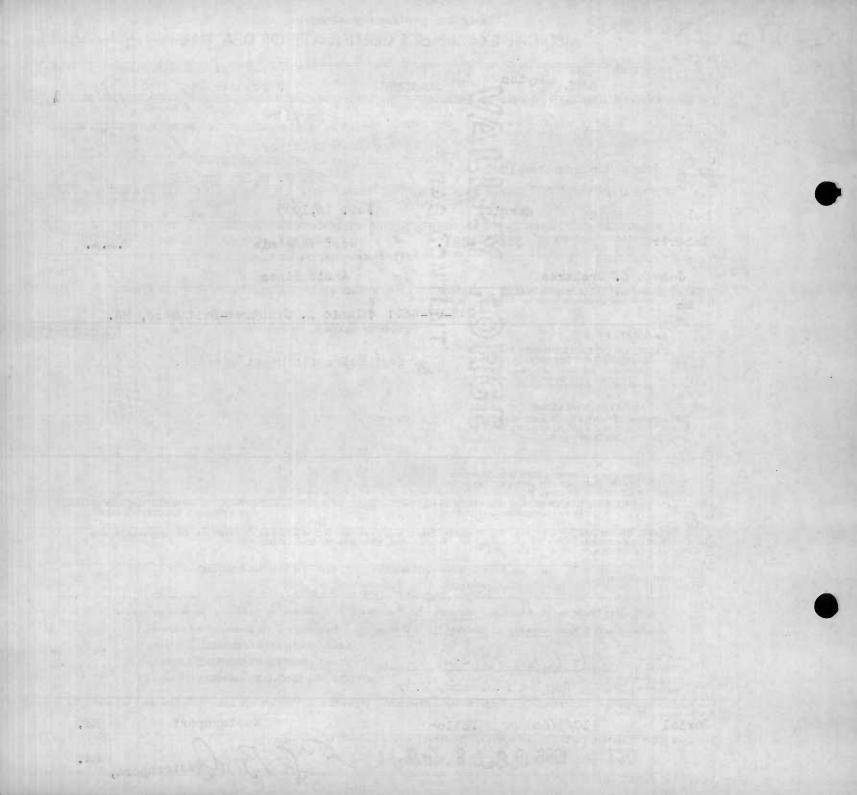
FULL NAME OF OF DECEASED ON THE HOSPITAL OR Oddress or locotion INSTITUTION BALTIMORE CITY HOSPITAL OR	W E v	4. USUAL RESIDENCE (Wh A. STATE B. COU Mory An	Registered No.  ND HOUR OF DEATH  Pore deceased lived. If institut  NY  Baltimore  utside city limits, write RURA	Balls Court
FULL NAME OF OF CHARLES OF CONTROL OF THE PROPERTY OF THE PROP	ive sheet	4. USUAL RESIDENCE (Wh A. STATE B. COU Mory Are C. CHY OR TOWN, (If o	9 Sept 1966 ere deceosed lived. If institut NY  Baltimore	Balls Court
FULL NAME OF HOSPITAL OR Oddress or locotion) INSTITUTION BALTIMORE CITY HOSPIT  4940 EASTERN AVENUE	ive sheet	A. STATE B. COU  Mory A.  C. CITY OR TOWN, (IF o	Baltimore	Balls Court
FULL NAME OF (If not in hospitol or institution, green oddress or locotion) INSTITUTION BALTIMORE CITY HOSPIT 4940 EASTERN AVENUE		A. STATE B. COU  Mory A.  C. CITY OR TOWN, (IF o	Baltimore	Balls Court
PASTITUTION BALTIMORE CITY HOSPIT 4940 EASTERN AVENUE		C. CITY OR TOWN, (IF o	, Baltimore	Balle, Courl
4940 EASTERN AVENUE	CALS	V2 11	uiside city limits, write KUKA	it and give township)
4940 EASTERN AVENUE		1 1 time		10
				33-00
Dreit Hioras, 10. Wenter		1 2 1 1 1 1	f rurol, give locotion)	401000
		4 White	Thorn War	
Male White Je	never Married Divorced (specify) Parated	5-16-06	lost birthdoy)  AGE (In years If Ma	Under 1 Yr. If Under 24 Hr.
6A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF I	BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Stole or for	eign country) 12	CITIZEN OF WHAT COUNTRY?
	M.	Mary 14		USA
Self-Employed Brooms	, 10/02	14. MOTHER'S MAIDEN NA	AME	UKSII
<del></del>		7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	11.	1
John I Kamh	ner	Jehh	y Hilds	brand
was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
NO	SECURITY NO.	RECORDS: BCH A	940 Eastern Ave	e. #21224
	217-12-8294		/40 Babootii 110	<u> </u>
18.	CAUSE	OF DEATH	Λ	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		( ( )	()	151
LEADING TO DEATH	(A)	Cordiac	775	1.0 nr
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)	***************************************	***************************************	• • • • • • • • • • • • • • • • • • •
DISEASES OR CONDITIONS, if any, giving	DOE 10			
rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Asu	and two of	Saskie Conte	to / hr.
DISEASE OF CONDITION CAUSING IT.	HICH OPERATION	20A. AUTOPSY? (Yes or h		INC. CONCIDENCE
WAS PERFORMED		NO	10) 208. IF YES, WERE FIND	OF DEATH?
2 JA ACCIDENT WAS INDESTINATED	DI ACE OF INTUINE		Mr. D.M.	
OF CONTRIBUTING CAUSE OF CECH.  DEATH (notify medical examiner)  218. Phome, etc.)	c, form, foctory, street, c	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City	y, give exact location)
21 D. TIME (Month) (Day) (Year) (Haur) 21E. I	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.) While				
Work	Al Work			0 1
22. I certify that (+)-(this haspital) attended the	e deceased from	39 Sept	19 64 10 9	9 Jept 19 66
that (1) (we) last saw the deceased alive an	99 10-21		hat in Lary) (aur) apinian	death accurred on the do
				George on the do
	Tue) (did) (did not)	view the bady after death.		
and haur and from the causes stated above. (+)				DATE SIGNED
23A. SIGNATURE	,	AA I		(A) (1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	M.D. Att	tending Med.	Stoff Phys.	79 Jept, 19
23A. SIGNATURE Law A Rain 23C. PHYSICIAN'S	M.D. Att	tending Med. ys. Director  23D. ADDRESS	Stoff Phys.	19 Sept, 19
23A. SIGNATURE Lady A Rain 23C. PHYSICIAN'S NAME (Type)	Phy	23D. ADDRESS	Phy s.	
23A. SIGNATURE LOOPLY A RAINE JR.	M.D.	23D. ADDRESS BCH 4940 Eas	tern Ave. Bal	to., Md. #21224
23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  DUDLEY A. RAINE JR.  4A. BURIAL CREMATION, 24B. DATE  24C. NA/ REMOVAL (Specify)	ME of CEMETERY OF CR	BCH 4940 Eas	itern Ave. Bal	own, or county) (State)
23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  DUDLEY A. RAINE JR.  4A. BURIAL CREMATION, 24B. DATE  24C. NA/ REMOVAL (Specify)	M.D.	BCH 4940 Eas	itern Ave. Bal	to., Md. #21224 wm, or county) (Stote)
23C. PHYSICIAN'S NAME (Type) DUDLEY A. RAINE JR.  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  10-3-66	M.D.  ME of CEMETERY of CR  Moreland Memo.	BCH 4940 Eas	itern Ave. Bal	to., Md. #21224 wm, or county) (Stote)
23C. PHYSICIAN'S NAME (Type) DUDLEY A. RAINE JR.  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  10-3-66	ME of CEMETERY OF CR	BCH 4940 Eas	itern Ave. Bal	to., Md. #21224

I the term of the term to be  C-613 BIRTH NO.

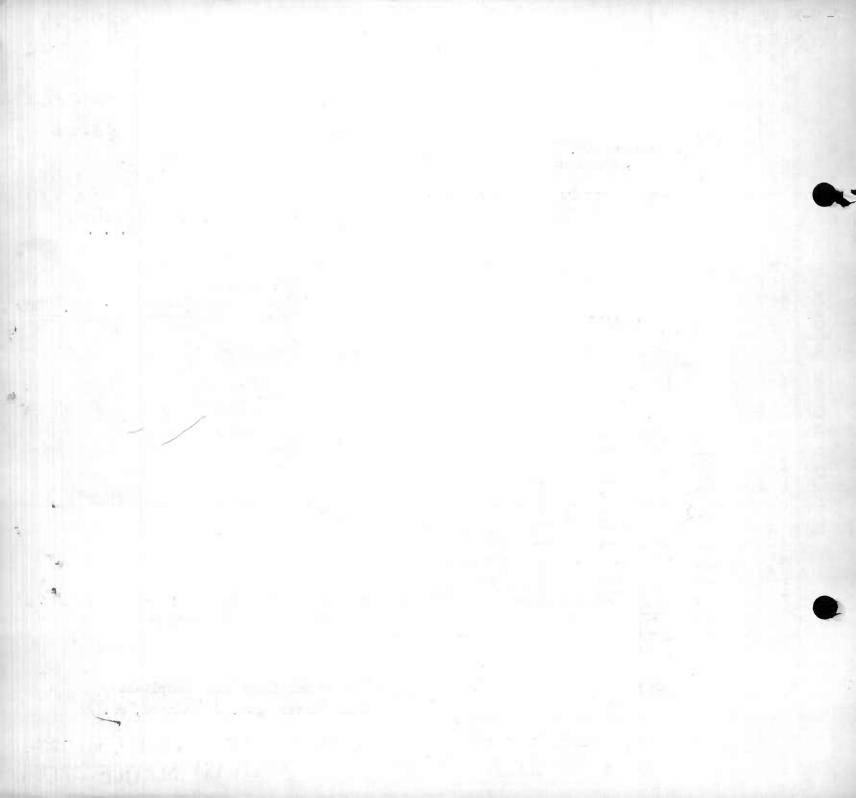
BALTIMORE CITY HEALTH DEPARTMENT

	DALIMONE CITT	EVELLI DEI VILIMEIAI	(1/1)	1 113
MEDICAL	EXAMINER'S	<b>CERTIFICATE OF</b>	DEATH Registered No. 6	0993

M.E. CASE NO						
Type or Print)	EARL 1	Dayton	CRABTREE		2. DATE AND HOUR PRONOUNCE	
3. PLACE IN BA	ALTIMORE, MARYLAND, V	WHERE PRONOL			September 30, 19  NCE (Where deceased lived, If instigned in the course of the course	1966   8:08 A M. itution: residence before odmission
				A. STATE Mar	yland B. cou	NTY
FULL NAME O	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITU ATION)	JTION, GIVE STREET		/N (If autside carparote limits, wite	RURAL and give township)
NSTITUTION				Bal	timore	-01
J	ohns Hopkins I	Hospital		D. STREET ADDR	ESS (If rural, give locotion)	
50	- Hopkins I	Hospital		11	. N. Wolfe Street	
5. SEX	6, RACE	7, MARRIED,	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male	White	Marrie	DIVORCED (specify)	Feb. 18,1	.905	
OA. USUAL OC	CUPATION (Give kind of wo of working lile, even if retired)	The second second				12. CITIZEN OF WHAT COUNTRY?
		Steel	Mill.	West Vi		WHAT COUNTRY?
3. FATHER'S N				14. MOTHER'S MA		
	ph E. Crabtre			Annie	Hines	
5. WAS DECEA	ASED EVER IN U.S. ARME	D FORCES? tes of service)	SECURITY NO.	17, INFORMANT		ADDRESS
110			218-07-4621	Minnie L.	. Crabtree-Baltimon	re, Md.
18.	20.0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISI	EASE OR CONDITION D					OHISE AND DEATH
(This doe	LEADING TO DEAT			ioscleroti	c Heart Disease.	
heort fail	ure, asthenia, etc. It mean camplication which caused	ns the disease,	DUE TO			
DISEASE	ANTECENDENT CAUS		(B)			
RISE TO	THE ABOVE CAUSE (A)	STATING THE	DUE TO			
	YING CONDITION LAST	•	(C)		***************************************	
2	II					
	SIGNIFICANT CONDITIONS					
- DISCASE	OR CONDITION CAUSIN	IG IT.				
19A. DATE	OF OPERATION 198, CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B, IF YES, WERE FIL	
10				No		
UNDERLYIN	NAL CAUSE WAS	home	, form, factory, street,	office bldg., INJURY	HERE DID (If in Baltimare City, gi- OCCUR?	ve exact location)
西	AUSE OF DEATH.	etc.)				
21D TIME	(Month) (Doy) (Ye	or) (Hour) 2	1E. INJURY OCCURRED		W DID INJURY OCCUR?	
(APPROX.)		m. V	WHILE AT NOT	WHILE	4	
22.	ertify that I held on	Inquiry 🗍			that on this basis, death in m	v opinion
re	sulted from: Notural co	ouses A	Accident Sulcid			
ACTL	JAL O/	11	1 alla		EDICAL EXAMINER	DATE SIGNED
		alle?	M.D		EDICAL EXAMINER	9/30/66
	AINER'S E(Type) Char	les S. I	Petty, M.D.	ASSOCIATE M	EDICAL EXAMINER	
23A. BURIAL C	REMATION, 238, DATE		C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City,	town, or county) (State)
Burial (Spe	10/3/6	66	Dhiles		Westernport	Md.
	O'D BY HEALTH DEPT.		Philos OF REGISTRAR	24C. FUNERA		ADDRESS
, and DATE REC	OCT 4 196		A 000 A		OPI	
	001 4 130	المالان	68. Falleym		1 Mawester	cnport.
10 101 0011 2	13 16 5				100	



VS 150-REV, 1/1/65



(Type or Print)	FRANC	IS J. S	CHMIDBAUER	2. DATE SEP	$T_{\bullet}$ 27, 1966	
	f not in hospitol oddress or location	or institution,	give street	MARYLAND B. CO	UNTY	institution: residence before admission
ST.	AGNES HO KENS AVEN		CATON AVENUE	BALTIMORE D. STREET ADDRESS	(If rurol, give location)	45-40
	ITE	MARR		1920 GRINNA 8. DATE OF BIRTH 4-26-1903	9. AGE (In years tost birthdoy)	21230  If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
10A, USUAL OCCUPATION done during most of working li UPHOLS!	le, even if retired)	108. KIND OI		11. BIRTHPLACE (Stote at for MARYLAND	oreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHERS NAME LEN	HARDT SCH	MIDBAUI	ER	14. MOTHERS MAIDEN N MARGARE		
5. Was Deceased Ever in Yes, no or unknown) (If yes, NO	U. S. Armed Forc give wor or dotes	es? s of service)	16. SOCIAL SECURITY NO. 216-05-4430	MRS EVELVN M	SCUMINDALIED	ADDRESS R. 1920 GRINNALDS A
(This daes not mean heart foilure, asthenic injury ar camplication	o, etc. It means which caused DENT CAUSES	the disease, death.)		Coronar	sc. Diso.	me years
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI	CONDITIONS COBUT NOT RELAT	Sloling the				/
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITIONAL TO A DEATH DISEASE OR CONDITIONAL TO THE DISEASE OR CO	COUSE (A) DITION last.  II CONDITIONS COBUT NOT RELATION CAUSING IT ION 19B. CONE WAS PERFO	SIDING THE	G E WHICH OPERATION		IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notily medical	COUSE (A) DITION last.  II CONDITIONS CO BIT NOT RELATION CAUSING IT ION 19B. CONE WAS PERFO UNDERLYING CAUSE OF exominer)  (Doy) (Yeor)	ONTRIBUTIN TO TH T	WHICH OPERATION  PLACE OF INJURY (e.g., in the late)  INJURY OCCURRED  INJURY OCCURRED  At Work  The deceased from	21F. HOW DID II	(II in Boltimo	AUSES OF DEATH?
NOTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITION OR CONTRIBUTING OF CONTRIBUTING DEATH (notify medical DEATH (notify medical OF INJURY (APPROX.)  21. 1 certify that (1) that (1) (1) (1) (1) (1) (1) (1) (1) (1)	COUSE (A) DITION last.  II CONDITIONS COBUT NOT RELATION CAUSING IT ION 19B. CONE WAS PERFO  UNDERLYING CAUSE OF exominer)  (Doy) (Year)  (this prival)  w the deceased the causes state	ONTRIBUTIN TED TO TH . ORMED  218 hom etc. (Hour) 21E, Wh wo	PLACE OF INJURY (e.g., in the late of the	21F. HOW DID II	IN CERTIFYING C.  (II in Boltimo  NJURY OCCUR?  19 / 9 (3) to  that in (my) ( ) op	AUSES OF DEATH?  Die City, give exoct locotion)  Aleys 27 19 (c)  Dinton death accurred on the d  23B. DATE SIGNED  7/28/64

the same state of the same sta

The second secon

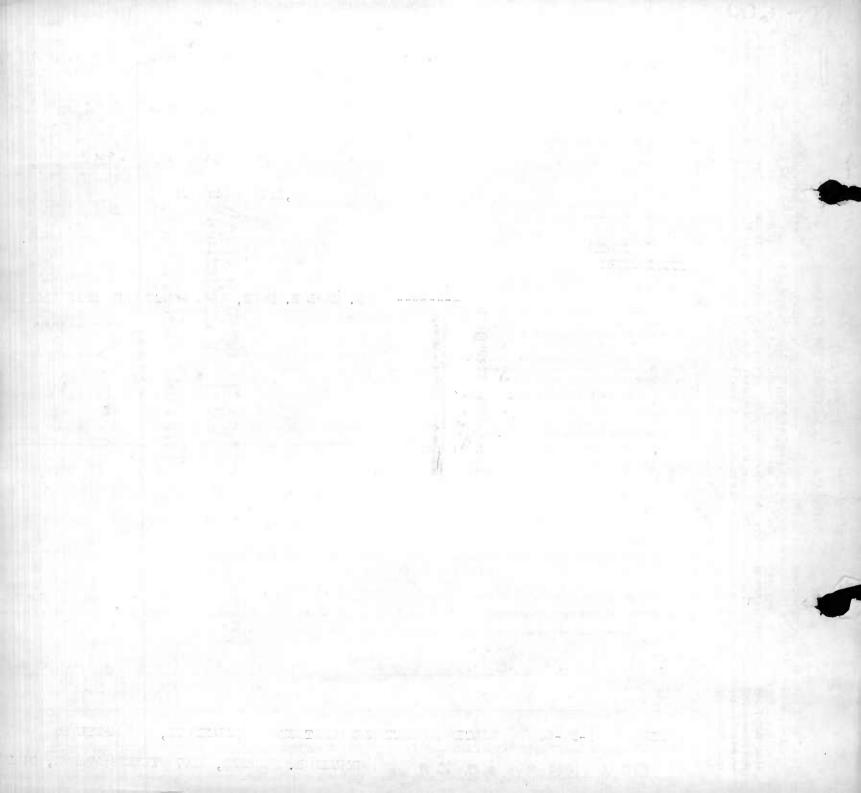
THE COLUMN TO STATE OF THE STATE OF THE PROPERTY OF THE STATE OF THE S

AND THE RESERVE OF THE PARTY OF

THE PROPERTY WAS TO SHEET AND THE PARTY AND

01.	7 600	BIRTH NO. CERTIFICATE OF DEATH Registered No. 66	09935
0 1	and eath asec the the	M.E. CASE NO.  1. NAME OF DECEASED ,	
211	de de con on S. S.	(Type or Print) Mohr, Lorothy Rose R7 Septo 1966 1	2:00 0000
2	of of other	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A, STATE B, OOUNTY	e before odmission)
8	se (5) and	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location)  COUNTY OF TOWN (If satisfy city limits with PURA) and city	7 Bults.
6	a Cau	INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give	fawnship) Speed of
4	au a	28 Cospersity of Md. HOSpetal D. STREET ADDRESS (1/4 rural, give location)	2 -0 0
	outing ed car ar att prior de.	389 Montgomery Roa	d
		5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE/(In yeors   If Under 1 Yr.   Months   Days   Months	If Under 24 Hrs. Haurs Min.
	occur ontrik ermin regul eased is ma	TEMALE CALL MASSIEG 13/TUG, 1911 5 55  10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole at foreign country) 12. CITIZEN O	)E
1	ec in the	done during/most of working life, even if retired)	UNTRY?
Ca	ded Und Und sitis	12 PATHERS MAME	20170
· _	if ect (4) w w	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Z	و با با الم	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDI	RESS
E E	the d the d kind, deat nnce o final c	NO SECURITY NO.  NO MR. CARL R. MOHR, 1104 MONTGOMERY I	ROAD 21227
MPORT	if if iny ass	18. CAUSE OF DEATH INTERV	VAL BETWEEN
a) A	d and	DISEASE OR CONDITION DIRECTLY	T AND DEATH
25	Als re o nou att	(This does not mean the made of dying, e.g. Pure to	
NO K	er.	(This does not mean the made of dying, exp. ADDE TO DUE TO DUE TO DUE TO ADDE TO SCIETOSIS	
200	fraction of the company of the compa	ANTECEDENT CAUSES S CONTROL TO SOLE VISION DUE TO	
1 2 C	Whw re	DISEASES OR CONDITIONS, if any, giving 1 to 1 t	
R	al (3)	UNDERLYING CONDITION lost.	**************************************
	dica ica rns; rns; sici sici	Z CYUED COMPRIENT COMPRIEN	10 11
F F	ned bu bu bu bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1. S. , M.K
NER	ief man mody le plus	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONS	SIDERED
5	ch Bo th hys	U 21 & ACCIDENT WAS UNDERLYING   218. PLACE OF INJUST (e.g., in or about 21C. WHERE DID (If in Bollimore City, give exact	
9	the alby; (2); (2) oph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY, OCCUR?	1 10601011
	V- 0 3 Z Z	OF INTURY  (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	hosp hosp agt (6)	OF INJURY (APPROX.) While At Work At Work	
	he he xce	22. I certify that (1) (this hospital) attended the deceased from 21 Sept. 1966 19 to 24 SEPT	1966
	dpp forth far (e) (); (e)	that (1) (we) lost saw the deceased alive on 27 52Pt 19 66 and that in (my) (our) apinion death acc	curred on the date
	st be a ased to dent of spital death) nust b	and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.	
	eased tident of hospital	23A. SIGNATURE 23B. DATE SIGN	
	E o c c c c c c c c c c c c c c c c c c	M.D. Attending Med. Stoff Phys. 27 S	Ept. 1966
	0 0 5	NAME (Typon S)	57
	4 0	24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, lown, or coun	n(y) (State)
	F 0 0 0 E	REMOVAL (Specify)	YIAND
	This certithe body shows: (1) was D.O. deceased	25A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR   25C, FUNERAL DIRECTOR   A	DDRESS
	This the k show was dece	OCT 4 1965 A C. & C. T. D. HOWARD H. HUBBARD, 4107 WILKENS A	VENUE, 2122
		V\$ 150-REV. 1/1/65	

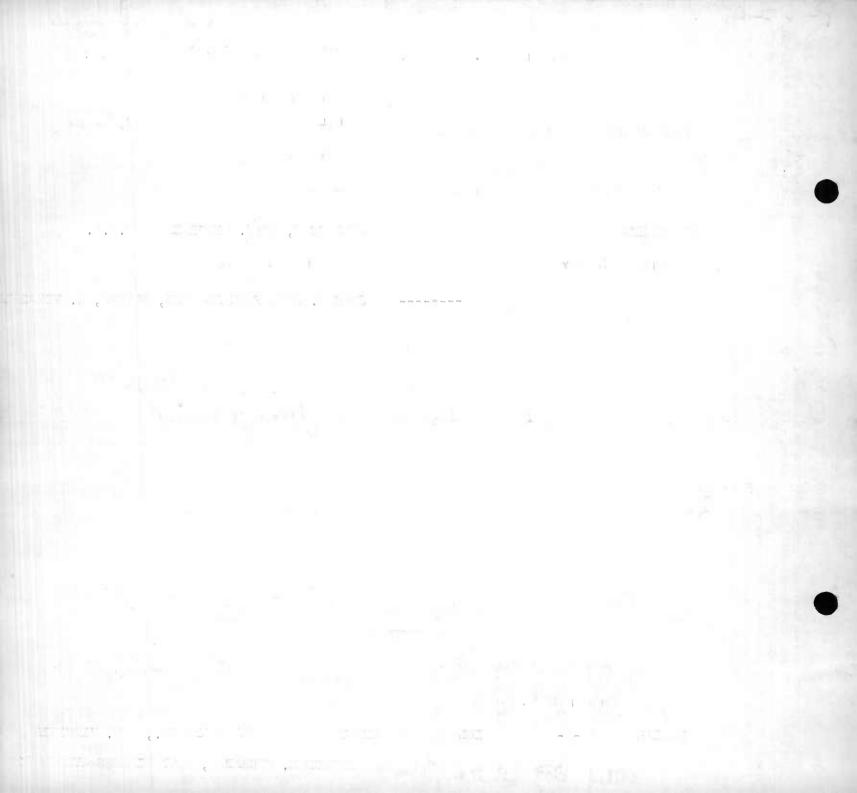
BALTIMORE CITY HEALTH DEPARTMENT



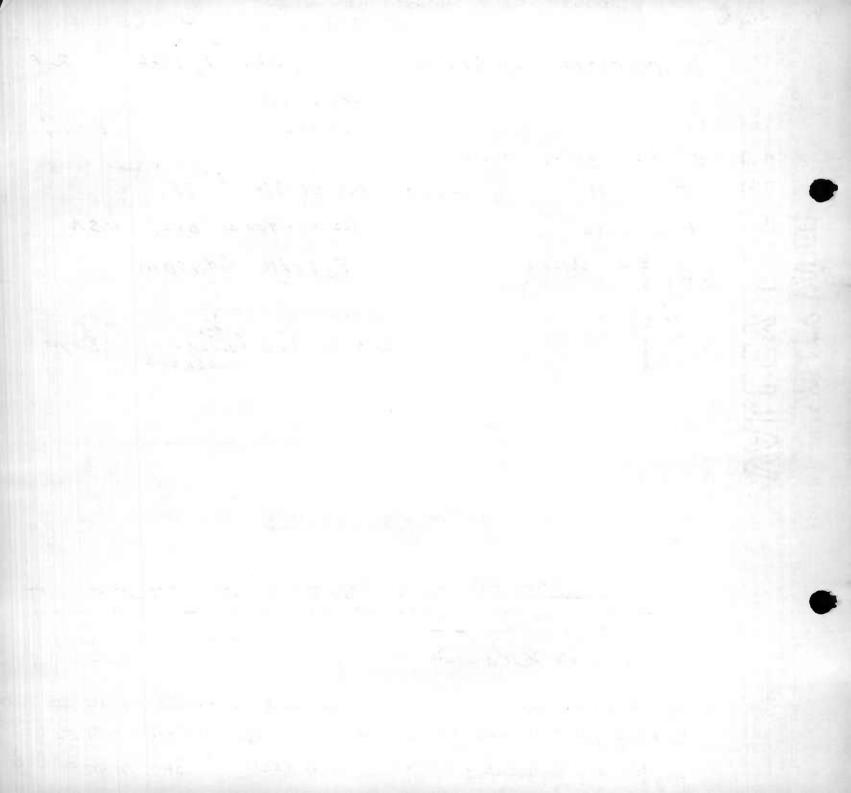
VS 150-REV. 1/1/65

PARTIES THE PARTIE AND THE STATE OF T

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65



C-450

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Restricted No.6 19939

M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
ROLAND JERRV CULLUM	October 1, 1966   2:51 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)
	A. STATE Maryland B. COUNTY FORD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore Rural Harve de Grace
John Hopkins Hospital	
33	D. STREET ADDRESS (Il rurol, give locotion) 3/95c. DEEN, ST.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
Male White WIDOWED, DIVORCED (specily)	(1.17/8/1942   lost birthdoy)   Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even it represents the of the old of	MD WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROLAND H. COLLON	KATHERINE GRIFFITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17 INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give war or dotes of service) SECURITY NO.	FLIZABETHS POLICE 31950. DEELS
11B, CAUSE	OF DEATH  OF DEATH  OF DEATH
CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Crani	o-cerebral Injury
(This does not meon the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES  DISEASES OF CONDITIONS IS ANY COURSE  (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	
TO THE DEATH BUT NOT RELATED TO THE	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes
21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	284 ft. W. of Ebenezer Rd. at Rt. 40
3	
OF INTERP	(Dec Driver) LIUCK
THE RESERVE THE RE	while auto hit and went under a tractor traile
22.   certify that I held an Inquiry   Inspection   Aut	opsy X ond that on this bosis, death In my opinion
resulted from: Natural couses Accident Suicide	
ACTUAL MUNICH. STO CH.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M. D	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY o	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
BURIAL OCT, 3, 1966 PRINCIPIO (	EM. CECILCO. NO.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
A C C T C MA	Hilladnin Mutchell Havrede Shace Illde
VS 151-REV. 1/1/BCT 4 1965 11 10 10 10 10 10 10 10 10 10 10 10 10	11

The Lake the College Contraction of the contraction Secretary the property of the second

gug

IMPORTAN

FUNERAL DIRECTOR:

by

approved

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

ADDRESS

ONSET AND DEATH

2,1966

THE ZILTA Z/ L

TANK SASSING

NVALVIAC

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

To be the second of the second

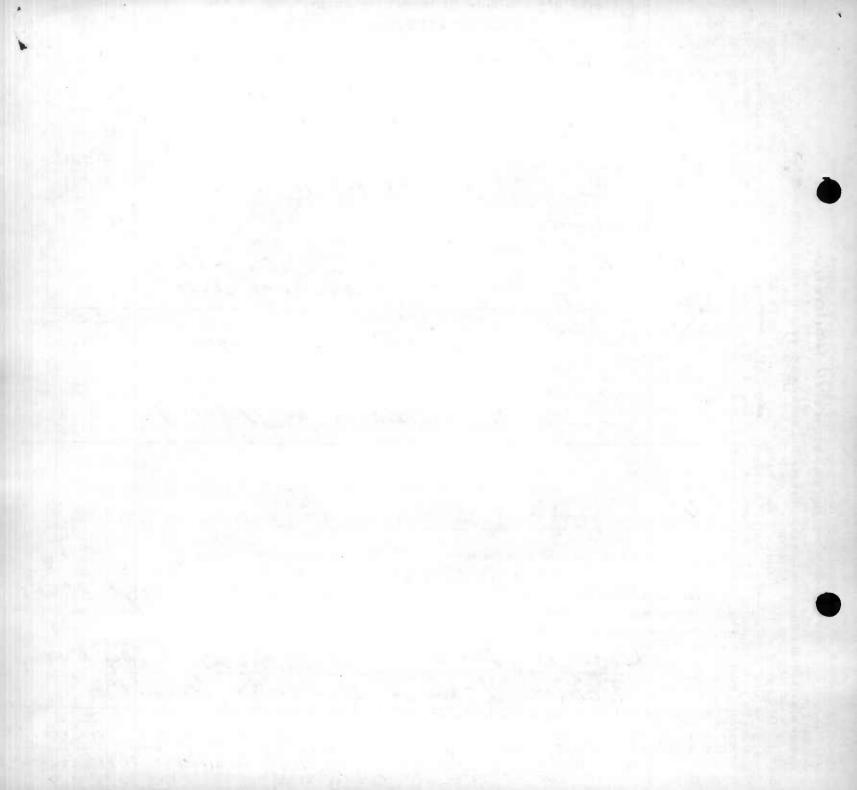
2004) home

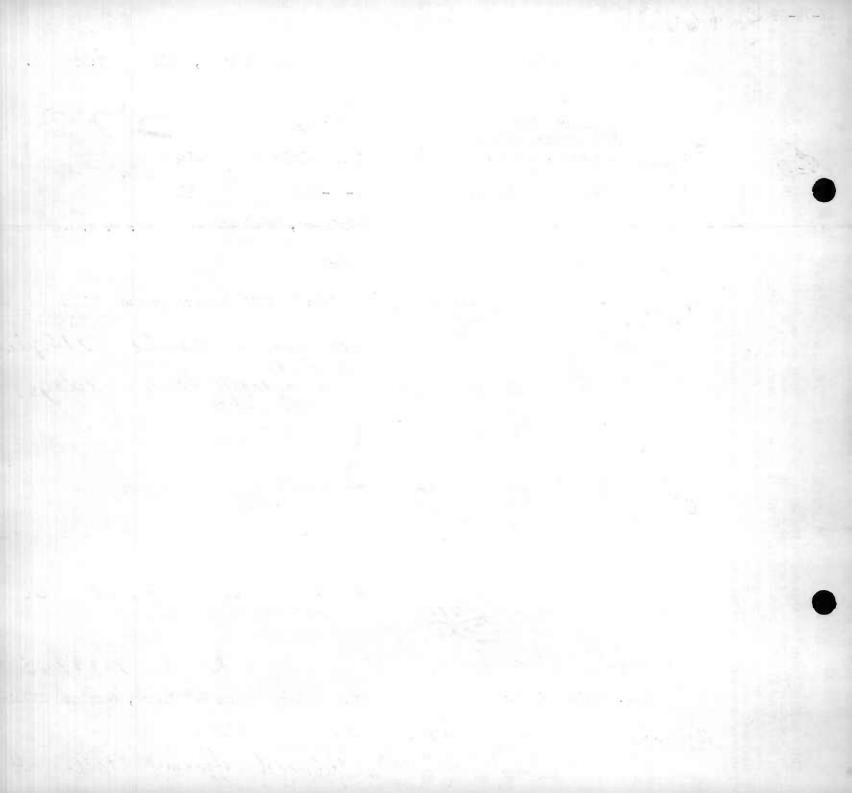
70705	RTH NO.  A.E. CASE NO.  CERTIFICA	TE OF DEATH Registered No. 60
Su Su	NAME OF DECEASED  ype or Print) ERNEST LEE	2. Date and House of Death Dept 29-66 10:307
a in a hospital and cause of a cause; (5) Dece attendance on rior to death.	FLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress or location)  INSTITUTION  LUNIVEYSITY  HOSPITAL	4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission A. STATE  B. COUNTY  Spring Refer to State  C. CUY OR TOWN We autside city limits, write RURAL and give lownship)  D. STREET ADDRESS (If rural, give location)
occurred armined regular is made.	SEX 4 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months; Days Hours Min.
		11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Tipe (4)	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Wos Deceosed Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  16. SOCIAL SECURITY NO.  16. SOCIAL SECURITY NO.  16. SOCIAL SECURITY NO.	17. INFORMANY Quincsion sheet ADDRESS
his lso, of a contract ten	IB. = = CAUSE O	ONSET AND DEATH
OR: I	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES (8)	reute ornemiq rodenal uleer.
RECT exam exam (3) A f an who in reg	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.	isilar artery jusuff.
D dice calconness; ici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Chief Chief Body the the the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (10 or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
y the e; (2, here No p	J 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in lower, form, foctory, street, of DEATH (notify medical examiner)	n or obout 21C. WHERE DID (If in Baltimore City, give exact location) ffice bldg., INJURY OCCUR?
2,000	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?
e appro of any of any tal (exe th); an	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (We) (did) (did not) v	1966 to 1966 t
must be released ccident o a hospita to death	23A. SIGNATURE LACINGO JONO M.D. Atte	ending Med. Stoff Phys. Stoff Director Phys. Stoff
Mas r was r An a A. at prior	NAME (Type) KODRIGO TORO M.D.	UNIVERSITY HOSPIDAL
This certification of the body was D.O. deceased written a	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE  OLIVER STATEMENT STATEME	24D. LOCATION (City, town, or county) (Stote)  Cockeysville, Malti, Co. N.  25C, FUNERAL DIRECTOR, ADDRESS
	OCT 4 1966 Polich E. Fallenta 5 150-REV. 1/1/65	Um. l. lehaturan 7-1701 mg. Cueloch

Ballo. Net

BALTIMORE CITY HEALTH DEPARTMENT

66 09942





IMPORTANI

DIRECTOR:

FUNERAL

EVHNIK, JEHN

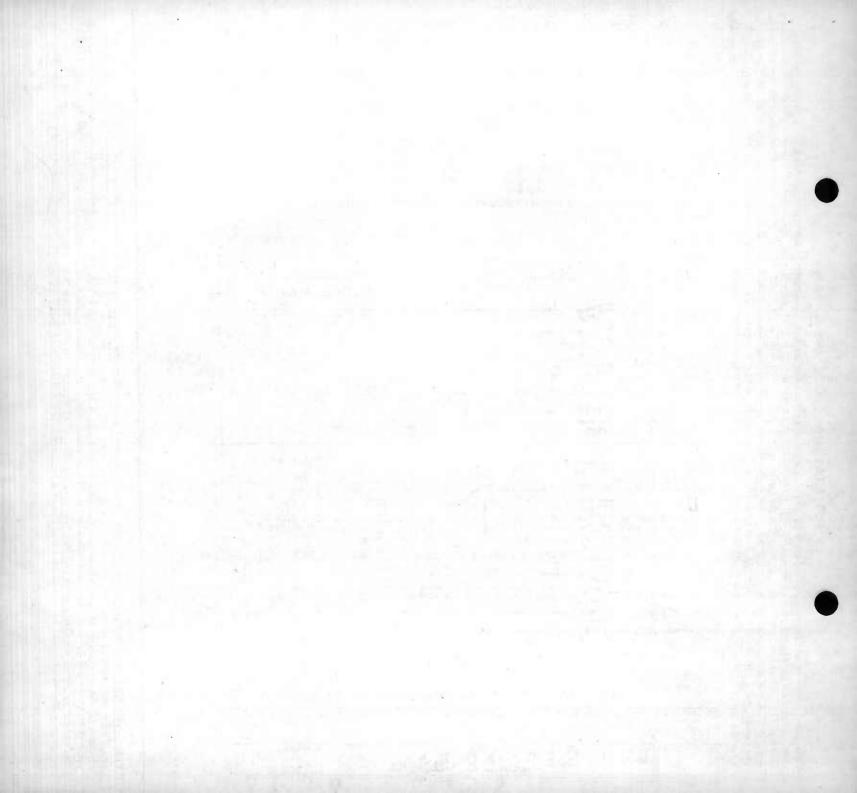
10-1-66

BALTHORE CITY HOSPITALS

BALTAMORE 2015 Humpulis Rel

Nicolar prosental

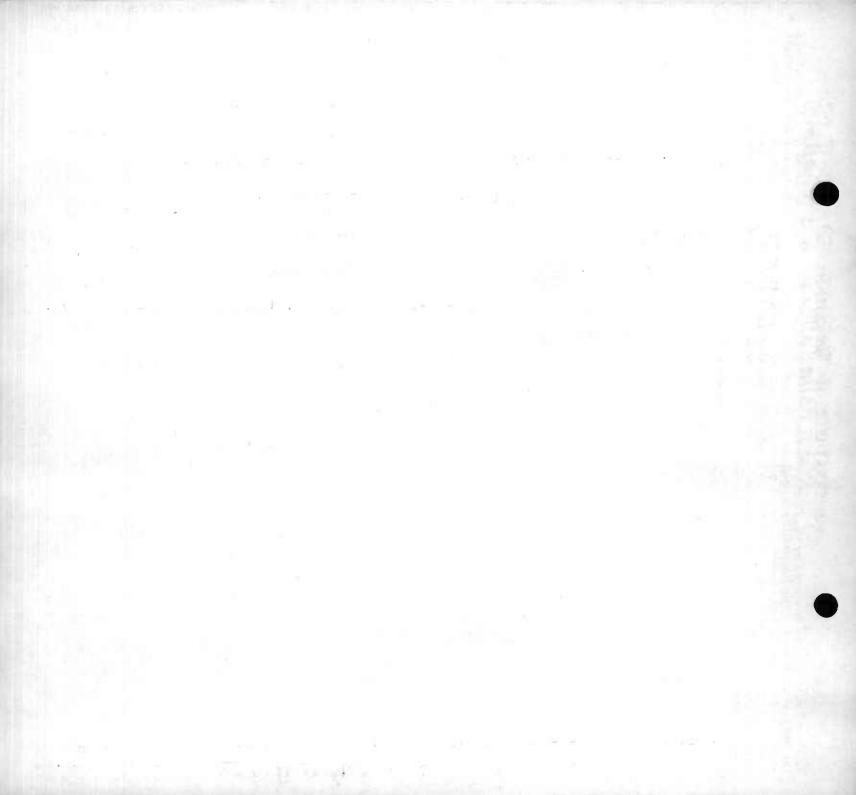
M.E					CO DOOLE
M.E	тн но. 65-1637666 19945	CERTIFICA	TE OF DEATH	Registered No	66 09945
	E. CASE NO.			D HOUR OF DEATH	
. 7 1	Do or Print)	smith		2-66	230 P.
3, P	PLACE OF DEATH IN BALTIMORE, MARYLAND			deceased lived. If ins	titution: residence before admis
	FULL NAME OF (If not in hospital or institution	n, give street	I COUNT		Balto. Can
1	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RI	JRAL ond give township)
1			D. STREET ADDRESS (III	28 md.	53-01
0	Children Haspitas	, Bulto, Ind		st braas	k lene
5, 5	SEX 6. RACE 7. MARRIE WIDOW	D, NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
	F W		7/3/65	14.	5
	LUSUAL OCCUPATION (Give kind of work 10B, KIND during most of working lite, even if retired)	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
			Battamer 7	nd,	
3.	FATHERS NAME		14. MOTHER'S MAIDEN NAM		
1	Kahert Kleinsmit	L	Jaan.	Trinach	
5. Yes	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, 55, 51, 51, 51, 51, 51, 51, 51, 51, 51	JEGORIII IIO.	Foliat Kleins	mith 700	ADDRESS & Carthrols a
	18. 75 6. 21	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	BILIARY CIRRH	ms is	MONTHS.
	(This does not mean the made of dying, e.	g., DUE TO	1-17310		
	hear! failure, asthenia, etc. II means the diseas injury ar camplicalian which caused death.)		2		MONTHS.
	ANTECEDENT CAUSES	(B)	BILLARY ATROLI		74(01-(1))
	DISEASES OR CONDITIONS, if any, givin	ng			
	rise to the above cause (A) stating to UNDERLYING CONDITION last.	ne (C)			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
⋖	DISEASE OR CONDITION CAUSING IT.	W. Commission of the Commissio	20A. AUTOPSY? (Yes or No.	208 IE VEC 14555 51	NDINGS CONSIDERED
IFIC,	WAS PERFORMED	BILLARY ATRE		IN CERTIFYING CAU	SES OF DEATH?
E	21A. ACCIDENT WAS UNDERLYING	1B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
CERTI	LOR CONTRIBUTING   CALLER OF	ome, form, foctory, street, o	Man bldg IMILLIBY OCCILD?		
_		itc.)			
DICAL C	21D. TIME (Month) (Doy) (Year) (Hour) 2		21F, HOW DID INJ	JRY OCCUR?	
DICAL C	DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY	TE INJURY OCCURRED  While At   Not Whi	21F, HOW DID INJU	JRY OCCUR?	
MEDICAL C	DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  OF INJURY (APPROX.)	TE INJURY OCCURRED  While At Not Whi Notk At Work	21F, HOW DID INJU		067
MEDICAL C	DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  2 (APPROX.)  22. I certify that (his hospital) attended	TE INJURY OCCURRED  While At Not Whi Notk At Work  I the deceosed from	21F, HOW DID INJU	966 10 2	
MEDICAL C	DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  2F INJURY (APPROX.)  22. I certify that (Mis hospital) attended that (Month) (lost sow the deceased alive of	TE INJURY OCCURRED  While At Not Whi Nork  The deceased from  Company  The deceased from  The deceased from  The deceased from  The deceased from  The deceased from the decea	21F, HOW DID INJU	966 10 2	
MEDICAL C	DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  22. I certify that (his hospital) attended that (Month) (lost sow the deceased alive or and hour and from the causes stated ghove.	TE INJURY OCCURRED  While At Not Whi Nork  The deceased from  Company  The deceased from  The deceased from  The deceased from  The deceased from  The deceased from the decea	21F, HOW DID INJU	9 do to 2	ion death occurred on the
MEDICAL C	DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  2F INJURY (APPROX.)  22. I certify that (Mis hospital) attended that (Month) (lost sow the deceased alive of	TE INJURY OCCURRED  While At Not Whi Nork  I the deceosed from  2 CCT  We) (did) (did not)	21F, HOW DID INJU	9 do to 2	ion deoth occurred on the
MEDICAL C	DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  22. I certify that (This hospital) attended that (Weel last sow the deceased alive of and hour and from the causes stated ghove.	TE INJURY OCCURRED  While At Not Whi Nork  I the deceosed from  2 CCT  We) (did) (did not)	21F, HOW DID INJU	9 do to 2	ion death occurred on the
MEDICAL C	DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  2F INJURY (APPROX.)  22. I certify that (This hospital) attended that (Wee lost sow the deceased alive of and hour and from the causes stated ghove.  23A. SIGNATURE  23C. PHYSICIANS NAME (Year)	TE INJURY OCCURRED  While At Not Whi Nork  The deceased from  Cott  We (did) (JiJ ma)  Att  Rhy	21F, HOW DID INJU	9 do to 2 of in (As) (our) opin	ion deoth occurred on the 23B. DATE SIGNED 2 OCT 1966
MEDICAL C	21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (his haspital) attended that (Wee) lost sow the deceased alive of and hour and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIANS NAME (Type)	TE INJURY OCCURRED  While At Not Whi Nork  I the deceosed from  2 CCT  We) (did) (Jid and)  Att Phy  TO SN YDER M.D.	21F, HOW DID INJU	9 60 to 2 of in (AA) (our) opin Sholl Phys. U	238. DATE SIGNED  2 OCT 1966.  LTIMORE, MD.
MEDICAL C	21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 22D. I certify that (his haspital) attended that (We lost sow the deceased alive or and hour and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIANS NAME (Type)  23C. PHYSICIANS NAME (Type)	TE INJURY OCCURRED  While At Not Whi At Work  I the deceosed from  We) (did) (did) (did not)  Att  NON Y DER M.D.  NAME of CEMETERY of CR	21F. HOW DID INJU	9 do to 2 of in (A) (our) opin Shall Phys. U	238. DATE SIGNED  2 OCT 1966
WEDICAL C	21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 22. I certify that (his hospital) attended that (We lost sow the deceased alive or and hour and from the couses stated above.  23A. SIGNATURE  23C. PHYSICIANS NAME (Type)  A. BURIAL CREMATION, [24B. DATE REMOVAL (Specily)]  3. MALE (Specily)  3. MALE (Type)  3. MALE (Type)  3. MALE (Type)  4. BURIAL CREMATION, [24B. DATE REMOVAL (Specily)]	TE INJURY OCCURRED  While At Not Whi Nork  Ith Work  The deceosed from The Color  We) (did) (did not)  Att  Att  Att  Att  Att  Att  Att	21F, HOW DID INJUITED TO THE CONTROL OF THE CONTROL	9 60 to 2 of in (AA) (our) opin Sholl Phys. U	23B. DATE SIGNED  2 OCT 1966  LTIMORE, MD.  1, town, or county)  (Stot
MEDICAL C	21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 22. I certify that (his hospital) attended that (Month) (We) lost sow the deceased alive or and hour and from the couses stated above.  23A. SIGNATURE  23C. PHYSICIANS NAME (Type)  TOHN P. REME  A. BURIAL CREMATION, [24B. DATE REMOVAL (Specily)]  B. MALL (Specily)	TE INJURY OCCURRED  While At Not Whi At Work  I the deceosed from  We) (did) (did) (did not)  Att  NON Y DER M.D.  NAME of CEMETERY of CR	21F. HOW DID INJU	9 60 to 2 of in (AA) (our) opin Sholl Phys. U	238. DATE SIGNED  Z OCT 1966.  LTIMORE, MD.
MEDICAL C	DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  22. I certify that (This hospital) attended that (Weel last sow the deceased alive of and hour and from the causes stated ghove.	TE INJURY OCCURRED  While At Not Whi Nork  I the deceosed from  2 CCT  We) (did) (did not)	21F, HOW DID INJU	9 do to 2 of in (Ask (our) opin	ion death occurred on



VS 151-REV. 1/1/65

HIRVE LI STILL HAR HARRY & HELER OSTIME BOLTO NATIONAL CON BRETE AKER Marie on King Ton Wall of The Comment

	BALTIMORE CITY	HEALTH DEPARTMENT	11	66 09947
BIRTH NO. 66 09947	CERTIFICA	TE OF DEATH	Registered Na.	00 00017
A.E. CASE NO. NAME OF DECEASED	0=1(111107)		ND HOUR OF DEATH	
P	SIMMONS	2. DATE A	9/20	25
PLACE OF DEATH IN BALTIMORE, MARYLAND	2) MIMO 10 2	4. USUAL RESIDENCE (WH	ere deceased lived. If in	nstitution: residence before admission)
		A. STATE B. COU		o cho a boo
FULL NAME OF (If not in haspital or institut HOSPITAL DR address or location)	Maryland Baltimore  C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
INSTITUTION			utside city limits, write	KOKAL and give tawnship)
1		Baltimore D. STREET ADDRESS	f rural, give location)	33-00
42. Sinai Hospital		3624 Milford		
SEX 6. RACE 7. MARI	SED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr If Under 24 Hrs.
IVI MANCANANI	WED, DIVORCED (specily)	3-29-1885	9. AGE (In years lost birthday) 81	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, KIN)	vidowed of BUSINESS OR INDUSTRY			12. CITIZEN OF
one during most of working life, even if retired)				WHAT COUNTRY?
Chauffeur FATHER'S NAME		Baltimore		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Thomas W.Simmons		Annie Heap	S	
, Was Deceased Ever in U. S. Armed Farces? es, no ar unknown) (II yes, give war ar dales al servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		Charles E Cin	4102	TT
18.	CAUSE 0		nmons 4103	Hayward Ave.
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Ca 81	PILLIAMA NE PE	PASTATE	
(This does not mean the mode of dying,	e.g., DUE TO	ITH WIDE STREAM	CO21 H 1 C	~
hearl failure, asthenio, etc. II means the dise injury or complication which caused death.)	ose,	ITH WIDE AREA	D METHSLAX	:2.
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, gi				
rise to the above couse (A) stating	.1	~~00 00 00 00 00 00 00 00 00 00 00 00 00		
UNDERLYING CONDITION lost.				
DTHER SIGNIFICANT CONDITIONS CONTRIBL	TIME			
TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or h	10) 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION F			IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(II in Baltimare	e City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	hame, form, factory, street, al	fice bldg., INJURY OCCUR?		
	215 1411117 0 0 0 11005	215 110 11 12 12		
OF INJURY	21 E. INJURY OCCURRED  While At Not While	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) attend	ed the deceased from	1/25	19 66 to 9/	30 1966
that (1) we) lost saw the deceased alive	on 9/30	19 6 6 and t	hot in (my) (our) opi	nian deoth accurred on the dot
and hour and from the causes stated above	- 1		-	
23A. SIGNATURE		Tow The body offer doon	•	23B. DATE SIGNED,
10000	M.D. Atte	ending Med.	Stoll 1	9/20/11
23C. PHYSICIAN'S	10 leek Phy	s. Director	Phys.	1/30/66
NAME (Type)				
	M.D.			
REMOVAL (Specily)	C. NAME of CEMETERY OF CRE			ity, town, or caunty) (State)
Burial 10-3-66	Lakeview Ceme	terv	Saltimore	Manuland
SA. DATE REC'D BY HEALTH DEPT. 25B. NA	Lakeview Ceme	25C. FUNERAL DIRECTO	Raltimore	Maryland
	10 0 00 0	flaunt for	4600 L	Liberty Hghts.
VS 150-REV. 1/1/48CT 4 1966 (1)	J. C. Carrier ! "	DO TO TO TO TO	1	



IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Participant Lilled 1.

Romer where I

THE CHICH PROMOBEL PROVING LATTREASULES

9 GREGORIDE CORD

18 78-61-10 DOWNER STIME M

Kerikira

SAMUEL HARUM SARAH ELAIRA SHELTON

and a company of the last through the company of

BILBIERAL PREUMINICIAN 3 2451

PERTURNITS PLIE TO CONTRACTOR 3 PARTY SHARIN RO

Oct 3 60 000 3 ...

Oct 3 66 7 VE1050H 3 VIII 3 1 01 11 3 2

DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) 21 A. EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. home, form, foctory, street, office bldg., INJURY OCCUR? Boston St., W. of Anglsea St. Street 21D TIME 21 E. INJURY OCCURRED (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE Driver of auto which struck truck. (APPROX.) 9 29 66 22. I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion Homicide resulted from: Notural causes Accident X Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 9/30/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION. 23C. NAME of CEMETERY of CREMATORY (State) 23B. DATE 23D. LOCATION (City, town, or county) REMOVAL (Specify)
Burial Thomasville. North Carolina Oct-3-1966 Holly Hill 24B, NAME OF REGISTRAR ADDRESS 24A, DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR JOHN J. DUDA, Dumdalk, Maryland 21222 VS 151-REV. 1/1/65

thing been to entire the tore. North Carelina

Telop Elektorer

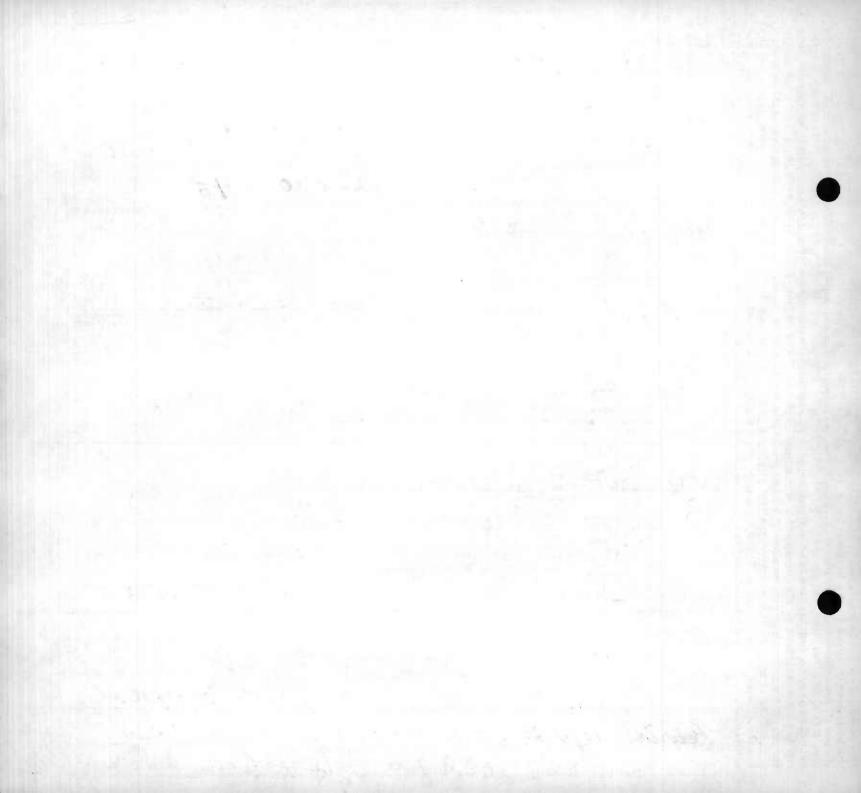
ter, terminate . State of the s

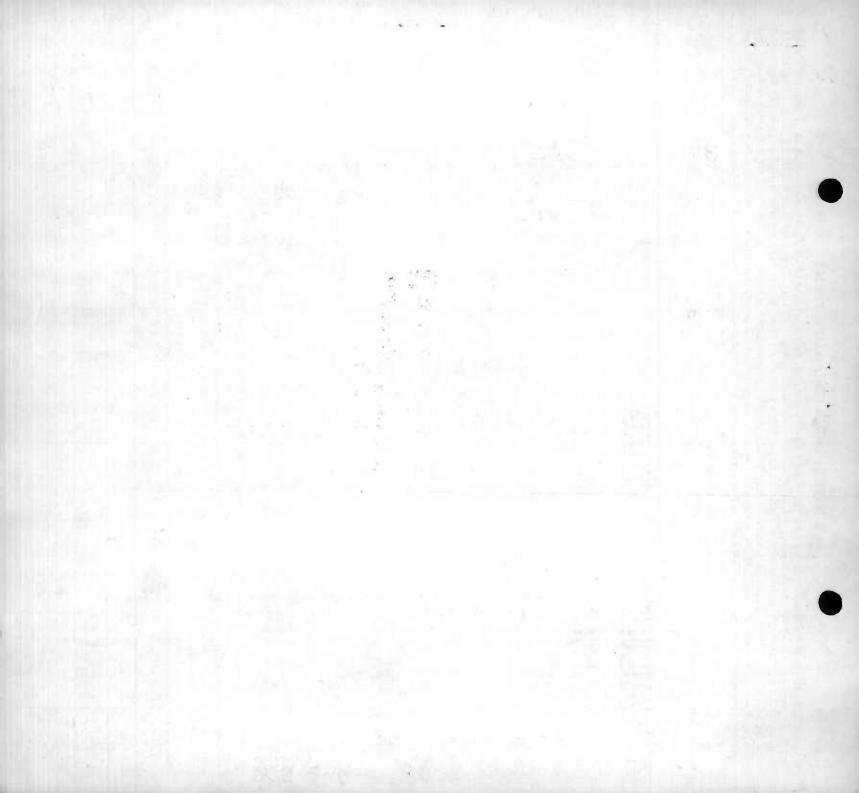
Character a March Conglism

JOH J. Durblett, Margarett Misse

-427		E CITY HEALTH DEPARTMENT	00 110050	
7.005		ICATE OF DEATH Registered No.	66 09950	
an ase th th	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH		
de de	(Type or Print) Nelson, Arthur Waldort	2.05 PM. Oct 2	2, 1966 M.	
+ + 0 -	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If inst A. STATE B. COUNTY	titution: residence before odmission)	
osp nc lec	FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  FALLSTON  D. STREET ADDRESS (If rural, give location)		
	HOSPITAL OR oddress or location) INSTITUTION			
	The Union Memorial Hospital			
0	THE WINON PROPERTY PLOSPICAL	Route #2 Box 197		
ribut mined gular sed p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours Min.	
death occurre I or contribut Undetermined as in regular e deceased p	5. SEX 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec Married  102, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND	02-19-06 60		
dete in r	done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
o P	Engineer BRIDGE 13. FATHENS NAME	Baltimore	American	
he		14. MOTHER'S MAIDEN NAME		
on t	George Nelson	Caroline Anderson		
100	George Nelson  15. Was Deceosed Her in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
final disposition	No 212-14-98	86 Mrs. Anna E. Nelson	Same as above	
2	18. 20.11 CAI	USE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
5 7	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Myocardial Infarction	80 hours	
9 8		to / The Carottal The latellion	90 1100113	
a ha	heori foilure, osihenio, etc. Il meons the diseose, injury or complication which coused death.)			
od and or	ANTECEDENT CAUSES (B)	TO		
1	DISEASES OR CONDITIONS, if ony, giving			
	rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION tost.		**************************************	
9	ll l			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
9	DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE F.	INDINGS CONSIDERED	
3 L	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	ISES OF DEATH?	
101		Y (e.g., in or obout 21 C. WHERE DID (If in Boltimore treet, office bldg., INJURY OCCUR?	City, give exact location)	
0	DEATH (notify medical examiner)	look once and		
0	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURR			
	No N	ot While t Work		
pauluago	22. I certify that (I) (this hospital) attended the deceased from		-2 1966.	
b	that (1) (we) lost sow the deceased alive on 2 05 PM Oct	2 19 66 ond that in (my) (our) opin	ion deoth occurred on the dote	
10	ond hour and from the couses stated above. (1) (We) (did) (did	not) view the body ofter deoth.		
ISOE	23A. SIGNATURE		23B, DATE SIGNED	
	lang Won Aong M.	D. Attending Med. Stoff Phys.	Oct-2, 1966	
200	23C. PHYSICIAM'S NAME (Type) SANG WON SONG	23D. ADDRESS		
abbrok	SANG WON SONG	M.D. THE UNION MEMORIAL HOS	SPITAL	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		y, town, or county) (State)	
	BURIAL 10/5/1966 EBENE	ZER RUTLEDGE	MARYLAND	
WILLIER	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	A DØRESS	
3	40000	CHARLES, E. NURTZ TI	AKREITSVILLE, IND.	
	VS 150-REV. 1/1/65			

ior to deat	FULL NAME OF (If not in hospital or institution, give street, HOSPITAL OR oddress or location) INSTITUTION	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admis A. STATE  B. COUNTY  M. C. CITY OR TOWN (If outside city limits, write RPRAE and give township)  BA++ i ma Re  D. STREET ADDRESS (If rural, give location)  886 / 2 W ES+ BAL+0.			
L.F.	Unexersity Hosp.				
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRICO	8. DATE OF BIRTH 9. AGE (In years lost birth day) Months: Doys			
d	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY me during most of working life, even if retired)  Mechanic	Md. WHAT CO	UNTRY?		
	Fred, Hilton (dec.)	Lillian Appleby (dec.)			
1	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service)  Mes  16. SOCIAL SECURITY NO.	mos Doris Hilton	ESS		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET	AND DEATH		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	hombelenil herondage bleeding varies			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
l	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., i or CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examine)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONS IN CERTIFYING CAUSES OF DEATH in or obout 17C. WHERE DID liftice bldg., INJURY OCCUR?  (II in Boltimore City, give exoct			
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?			
	22. I certify that (1) (this hospital) attended the deceased from 10/2/66 19 to 10/2/66 19 that (1) (we) last saw the deceased alive an 10/2/66 19 and that In(my) (our) apintan death accurred an the and have and from the causes stated above. (1) (We) (did) (did not) view the body after death				
	that (1) (we) last saw the deceased alive an 10/2/66		urred on the		
	and haur and from the causes stated abave. (I) (We) (dld) (dld nat) of the causes stated abave.	view the bady after death.  238, DATE SIGN ending Med. Stoff			



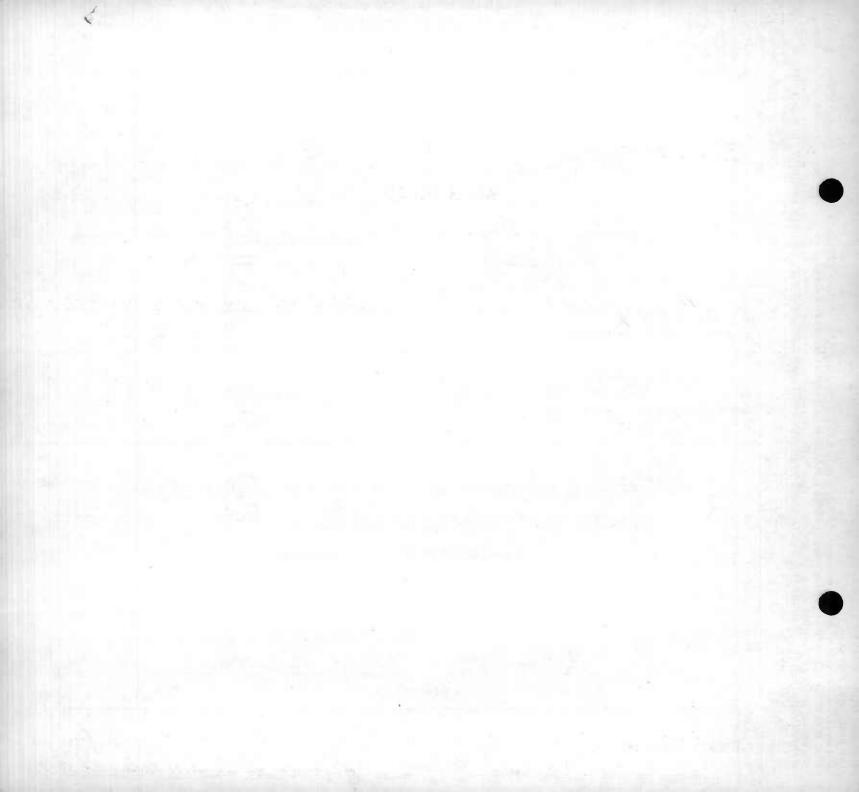


NIW

IMPORTANT

DIRECTOR:

FUNERAL

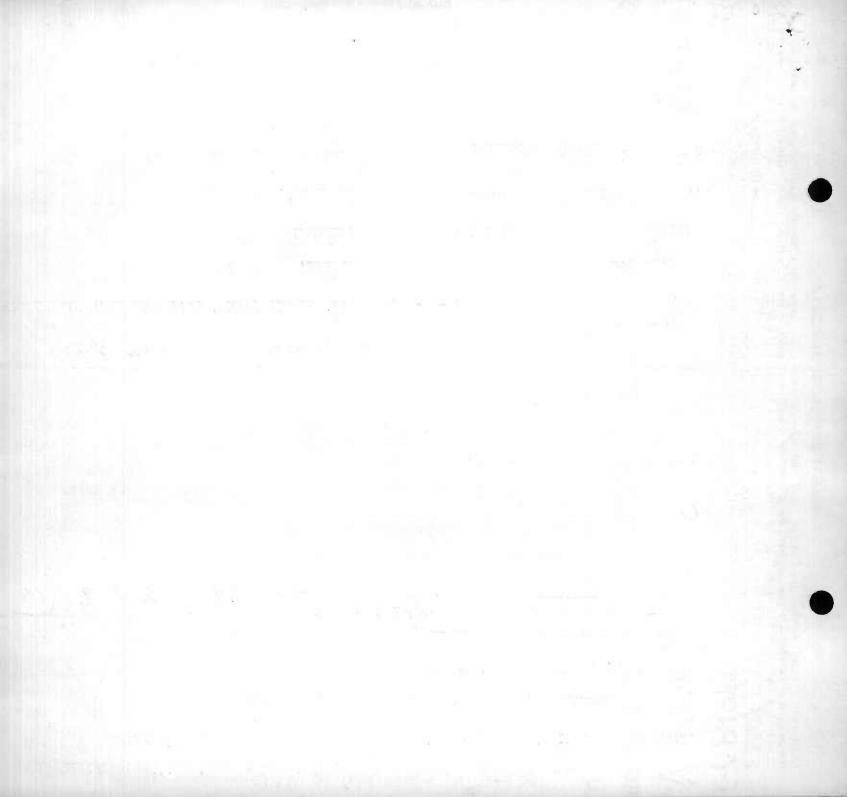


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



3

09957 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) C. CITY OR TOWN (If outside city limits, write RURAL and give fownship) If Under 1 Yr. If Under 24 Hrs. Hours Months Doys 12. CITIZEN OF WHAT COUNTRY? USA MR. JEROME FRIEDLANDER, 716 CLOUDYFOLD DRIVE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 66 and that in (my) (our) opinion death accurred on the date 238, DATE SIGNED (City, town, or county) BALTO., MD. BROS. INC., 6010 REISERSTOWN VS 150-REV. 1/1/65

Synam Hospital of Pathonic Hospital And Hospital And Manual Hospital And Manual Manual

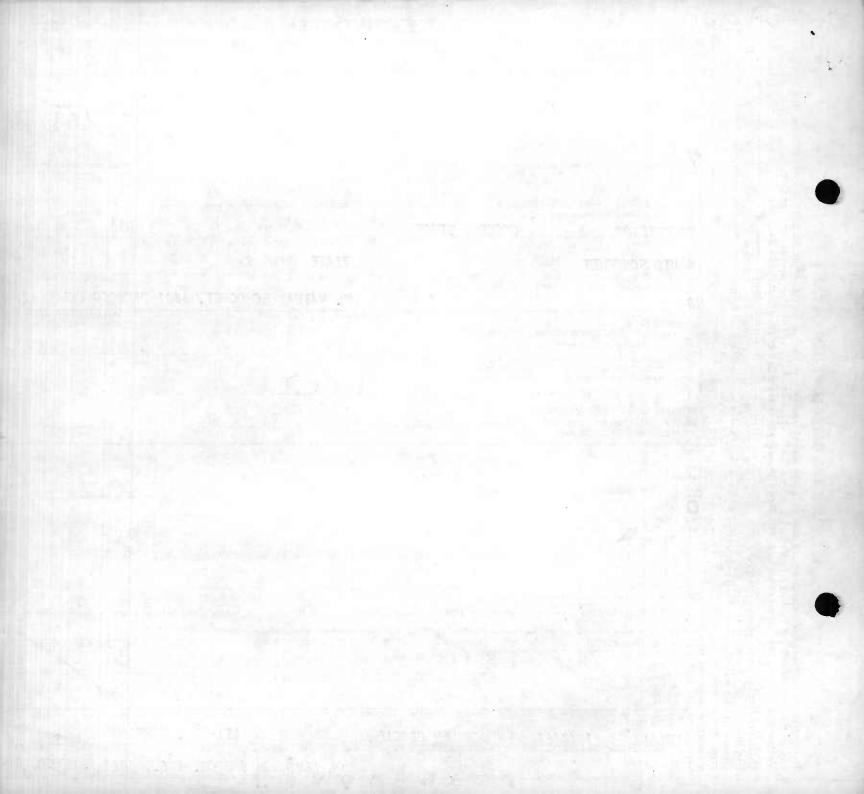
Myser contest information when the statement of the state

IMPORTANT

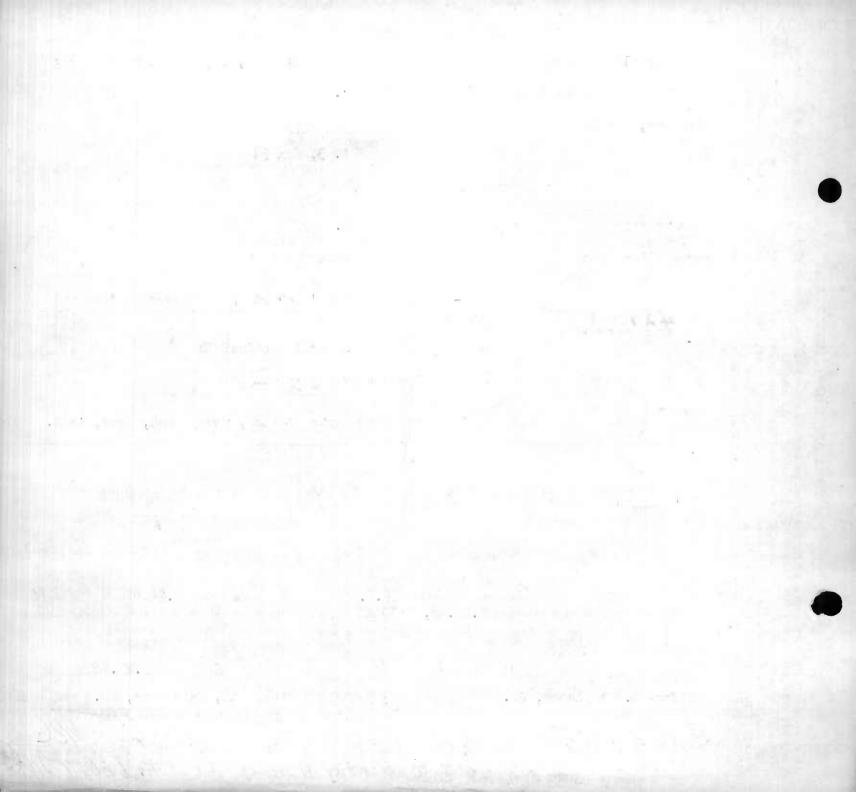
DIRECTOR:

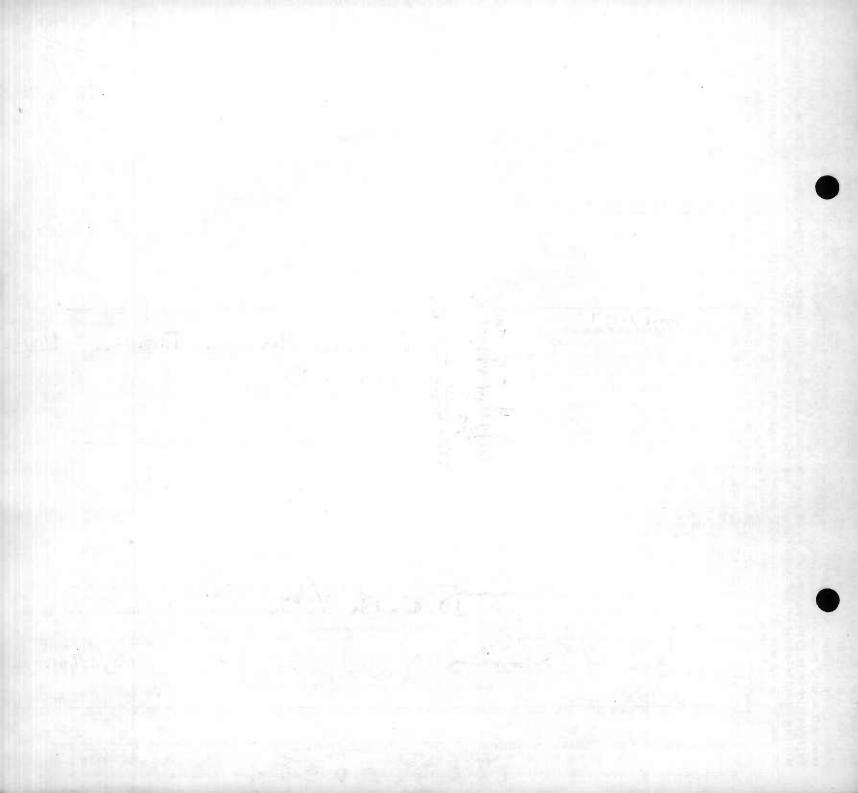
FUNERAL

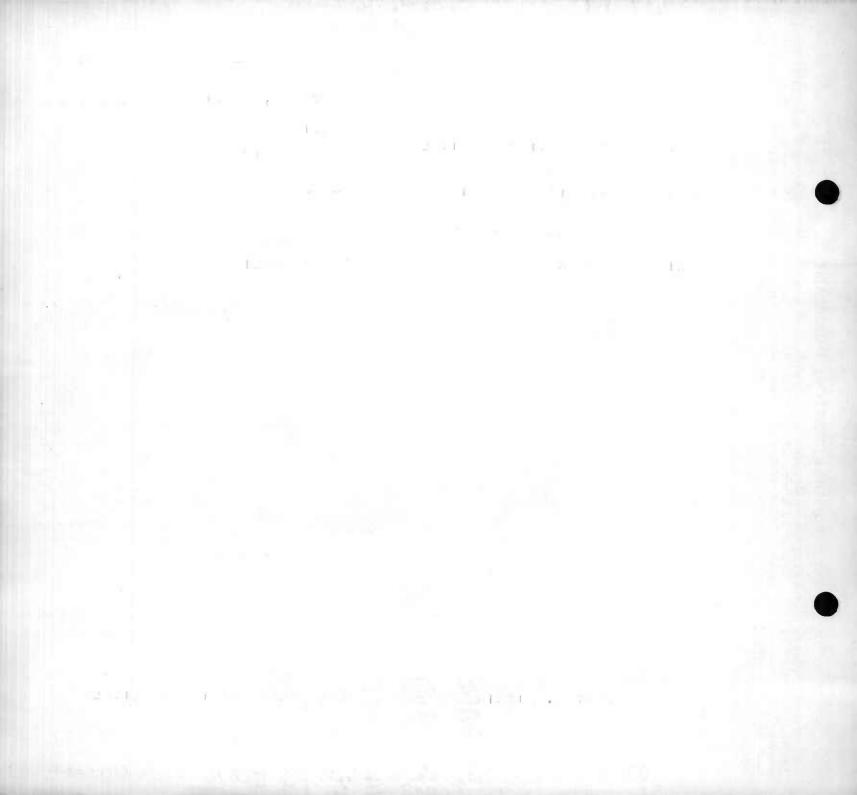
VS 150-REV. 1/1/65



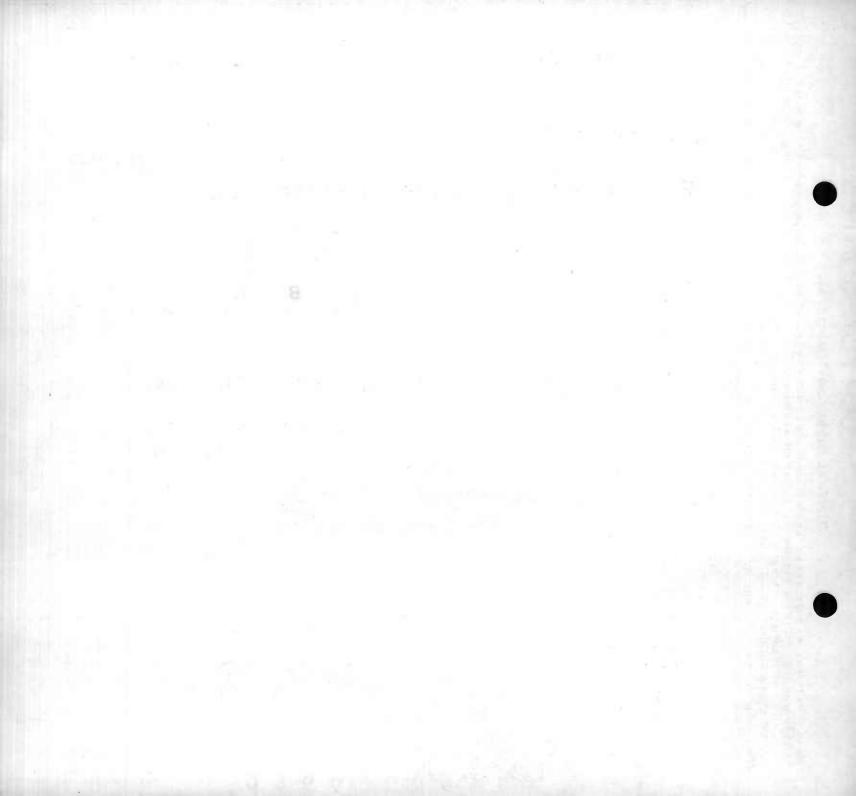
STREET OF DEATH IN LATIMOSE, MARKINGO  WILLY OF MARY AND MESSAGE OF CONDITIONS CONTRIBUTION  BALTIMOSE, MARKED FIRST ADDRESS Of Anol, give location  RASHA DECEMBER OF THE MARKED STREET ADDRESS OF INDUSTRY IN BIRTHFLACE (Stoke or foreign country)  MARKED FIRST ADDRESS OF CONDITIONS OF BUSINESS OR INDUSTRY IN BIRTHFLACE (Stoke or foreign country)  IN FATHEES RAMM  George Allen (dec)  S. West Diseased First in U. S. Amed Firsts?  DISEASE OF CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of believe or does not mean the mode of dying, e.g., death of the does not mean the mode of dying, e.g., death of the does not mean the mode of dying, e.g., death of the does not mean the mode of dying, e.g., death of the does not mean the mode of dying, e.g., death of the does not mean the mode of dying, e.g., death of the does not mean the mode of dying, e.g., death of the does not mean the mode of dying, e.g., death of the does not mean the mode of dying, e.g., death of the does not mean the mode of dying, e.g., december of the does not mean the mode of dying, e	UNIVERSIDENCE (When deceased lived. II institution residence before admission. Institution and the marginal or institution, give sheet and the marginal or institution, give sheet and the marginal or institution. Give sheet and the marginal or institution, give sheet and the marginal or institution. Give sheet and the marginal or institution, give sheet and the marginal or institution. Baltumore, which are the marginal or institution of the marginal or institution. Give sheet and the marginal or institution. Baltumore, which are the marginal or institution. Baltumore, and the marginal or institution. Baltumore, which are the marginal or institution. Baltumore, and the marginal or institut	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No. 66 09959  CITYPE OF PROPORTION OF DEATH  CITYPE OF PROPORTION OF DEATH  CITYPE OF PROPORTION OF DEATH  2: 44 AM, 29 September 66 2: 44 AM.					
TOA. USUAL OCCUPATION Give kind of work hot Rend of Work hot Rend of Working life, were it relived)  On Welfare  O	SWIDOVED DIPONED LANGE (Superior)  In USUAL OCCUPATION (Give bind of work) DR. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFACE (Sude or foreign country)  On Welfare  O	University of Maryland Hospital (Il not in hospital or institution, give street		A. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission A. STATE B. COUNTY Md.  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Annapolis  D. STREET ADDRESS (If rurol, give location)			
On Welfare  On Welfare  On Welfare  Md.  USA  13. FATHERS NAME  George Allen (dec)  15. Wes Decemed Ever in U. S. Armed Forces?  (Yas.no or unknown) (if yes, give wor or doles of service)  16. SOCIAL TO  17. INFORMANT  Patient's chart / University Hospital  18.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., beart foliue, asthenia, etc. It means the disease, where the dole, in mean the disease, injury or complication which coused death, injury or complete to back, face, neck, arms, legs.  DISEASES OR CONDITION TO WHICH OPERATION  10. THE DEATH BUT NOT RELATED TO THE  DOTHER SIGNIFICANT CONDITION SOUNTRIBUTING  10. THE DEATH BUT NOT RELATED TO THE  DOTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  WAS PERFORMED  10. THE DEATH SUT NOT RELATED TO THE  DOTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  WAS PERFORMED  10. THE DEATH SUT NOT RELATED TO THE  DOTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  WAS PERFORMED  11. THE DEATH SUT NOT RELATED TO THE  DOTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  WAS PERFORMED  12. THE DEATH SUT NOT RELATED TO THE  DOTHER SIGNIFICANT CONDITIONS CONTRIBUTING COURSE TO THE CONTRIBUTING CAUSES OF DEATH?  13. ACCIDENT WAS UNDERLYING TO COURSE TO THE CONTRIBUTING CAUSES OF DEATH?  14. MOWN THE COURSE OF THE CONTRIBUTION TO COURSE TO THE CONTRIBUTION COURSE TO THE C	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OTHER SIGNIFICANT CONDITION OF REPORATION  OTHER SIGNIFICANT CONDITION OF CONTRIBUTING  OTHER SIGNIFICANT CONTRIBUTION  OTHER SIGNIFICANT CONTRIBUTION  OTHER SIGNIFICANT CONTRIBUTION  OTHER SIGNIFICANT CONTRIBUTION  OTHER	F N	Separated (specify)	11/4/08   lost 58 doys	Months Doys Hours Min.		
Test   Condition	Teach of the submitted in the course of doles of service   SECURITY D.	on welfare on welfare  13. FATHER'S NAME		Md. USA 14. MOTHER'S MAIDEN NAME			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stating the UNDERLYING CONDITIONS CONTRIBUTING IN THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION LOUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN THE DEATH BUT NOT RELATED TO THE DEATH BUT	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenic, etc. II means the disease, injury or camplication which caused death)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving it is to the above cause (A) stoling the UNDERLING CONDITION (S), if any, giving it is to the above cause (A) stoling the UNDERLING CONDITION CONTRIBUTING TO THE DEATH BU NOTO RELATED TO THE DISEASE OR CONDITION CAUSING IT TO THE DISEASE OR CONDITION CAUSING IT TO THE DISEASE OR CONDITION CAUSING IT TO THE DISEASE OR CONDITION PER WHICH OPERATION  DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BU NOTO RELATED TO THE DISEASE OR CONDITION CAUSING IT THE DISEASE OR CONDITION PER WHICH OPERATION  DISEASE OR CONDITION CAUSING IT THE DISEASE OR CONDITION FOR WHICH OPERATION  DISEASE OR CONDITION CAUSING IT THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  TO THE SIGNIFICANT CAUSE OF THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION COURSE  DISEASE OR CONDITION COURSE  DISEASE OR CONDITION COURSE  DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION COURSE	(Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	Patient's chart / Univ	versity Hospital		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1994. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (actily medicol exomine)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, styret, office bldg, INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medicol exomine)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, styret, office bldg, INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medicol exomine)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, styret, office bldg, INJURY OCCUR?  While At Work  Not While  21F. HOW DID INJURY OCCUR?  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1994. DATE OF INJURY OCCUR?  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1994. DATE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, styret, office bldg, INJURY OCCUR?  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Home, form, foctory, styret, office bldg, INJURY OCCUR?  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1994. DATE OF THE DEATH O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISAS OF CONDITION CAUSED IT PER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISAS OF CONDITION CAUSED IT PER SIGNIFICANT CONDITION CAUSE OF TO THE DISAS OF CONDITION CAUSE OF DEATH?  DISAS OF CONDITION CAUSE OF DEATH?  DISAS OF CONDITION CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED  DONE  21A. ACCIDENT WAS UNDERLYING TO THE DEATH?  OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CAUSE OF DEATH?  DEATH (notify medical examine)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact locotion)  home, form, foctory, styck, office bldg, INJURY OCCUR?  21D. TIME (Month) (Day) Year) (Hour) 21E. INJURY OCCURRED  21D. TIME (Month) (Day) Year) (Hour) 21E. INJURY OCCURRED  21D. TIME (Month) (Day) Year) (Hour) 21E. INJURY OCCURRED  21D. TIME (Month) (Day) Year) (Hour) 21E. INJURY OCCURRED  21D. TIME (Month) (Day) (Veor) (Hour) 21E. INJURY OCCURRED  21D. TIME (Month) (Day) (Day) (Month) (Day)	DISEASE OR CONDITION DIRE  LEADING TO DEATH  (This does not mean the made of heart failure, asthenia, etc. It means injury ar camplication which caused	dying, e.g., a Double of the disease	phylococcal septicaemia	ONSET AND DEATH		
198. CONDITION FOR WHICH OPERATION  WAS PERFORMED  20A. AUTOPSY? (Yes or No)  208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  DEATH (natily medical examines)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID  OR CONTRIBUTING  DEATH (natily medical examines)  21F. HOW DID INJURY OCCUR?  OF INJURY  (APPROX.)  While AI Not While  AI Work  22. I certify that (I (this hospital) ottended the deceased from 9.8.60. 1906  That I (work)  23A. SIGNATURE  Attending  Med.  Stoff  Phys.  Phys.  Director  Phys.  Direct	19. A. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   208. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (If in Boltimere City, give exact location)   OR CONTRIBUTING   CAUSE OF   CONTRIBUTION   COURS   CONTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF   CONTRIBUTION   COURS   CONTRIBU	rise la lhe abave cause (A) UNDERLYING CONDITION last.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURED  OF INJURY (APPROX.)  21E. HOW DID INJURY OCCUR?  While A1  Not While A1  Not While A1  Not While A1  Not Work  22. I certify that (I (This hospital) ottended the deceased from 9.8.60 1966 oo 9.29 19 66  that II) (we) lost saw the deceased alive on 9.29.66, 1:30 AM 19 66 and that in(m) (our) opinion death occurred on the date on ond hour and from the causes stated above. (I) (We) (did) (Not Not) view the bady ofter death.  23A. SIGNATURE  State To . Med. Stoff Phys. Address Stoff Phys. Stoff Phys. Address Stoff Phys. Address Stoff Phys. Address Stoff Phys. Phys. Stoff Phys. Phy	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED (A) While At At Work At Wor	19A. DATE OF OPERATION 19B. COND WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examine)	21B. PLACE OF INJURY(e.g., i home, form, foctory, stylet, o	JES IN CERTIFYING			
that M) (we) lost saw the deceased alive on 9.29.66, 1:30 AM 19.66 and that in(m) (our) opinion death occurred on the data and from the causes stated above. (I) (We) (did) (We) (did) (We) view the bady after death.  23A. SIGNATURE  State for ,	that M) (we) lost saw the deceased alive on 9.29.65, 1:30 AM 19 66 and that in (m) (our) opinion death occurred on the do and hour and from the couses stated above. (I) (We) (did) (No. 19 view the bady ofter death.  23A. SIGNATURE  Signature  Attending Med.  Phys.  23B. DATE SIGNED  Attending Med.  Phys.  23D. ADDRESS  NAME (Type)  Signature  Stoff Phys.  23D. ADDRESS  NAME (Type)  Signature  And.  Phys.  23D. ADDRESS  NAME (Type)  Signature  And.  24D. Location  (City, town, or county)  Attending Med.  24D. Location  (City, town, or county)  Attending Med.  24D. Location  (City, town, or county)  Attending Med.  Control  Con	21D. TIME (Month) (Day) (Year) (Hour) 2+E. INJURY OCCURRED OF INJURY (APPROX.)  9/8/66/1/4/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2					
Siduicy L. Staple for, 7. M.D. Attending Med. Stoff Phys. Q. 20.66	Sidule, L. Stapleton, S. M.D. Attending Med. Director Stoff Phys. Q 9.2.66  23C. PHYSICIAN'S NAME (Type) Sidney L. Stapleton, Jr. M.D. University Hospital, Baltimore, Md.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, 10 win, or county) REMOVAL (Specify)  Bural 101-66 Chews Memoure Observable Mes.	that M) (we) lost saw the deceased alive on 9.29.66, 1:30 AM 19.66 and that in (m) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (MAA) view the bady after death.					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Store) Bural 101-66 Chews Memouel Oblivatible MC	Sidure L. Stagleto 23C. PHYSICIANS NAME (Type) Sidney L. Stapleton.		23 D. ADDRESS	9.29.66		

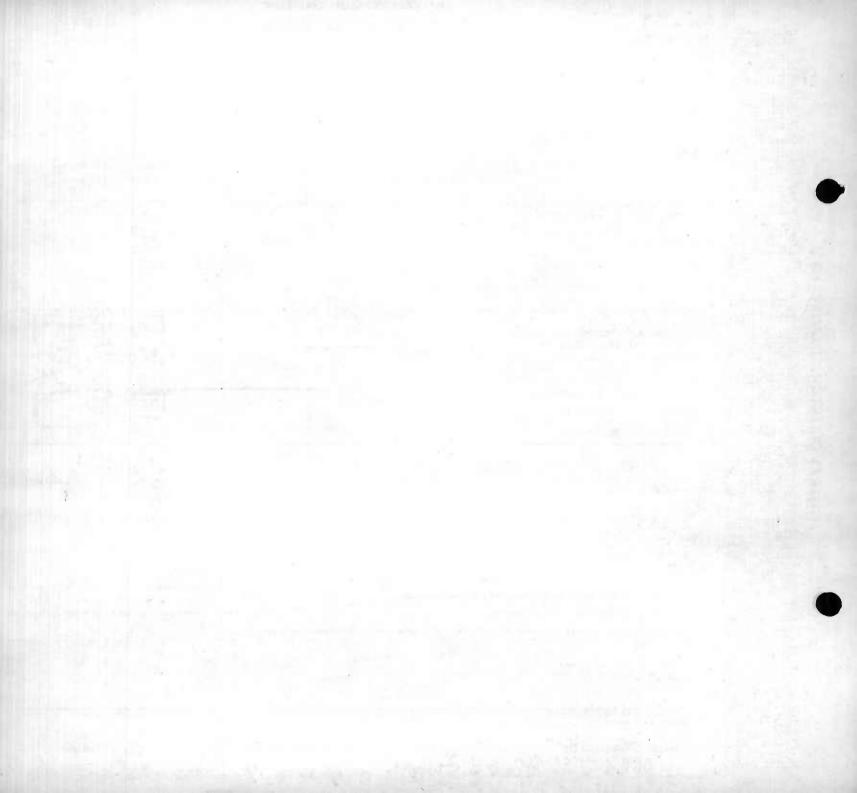


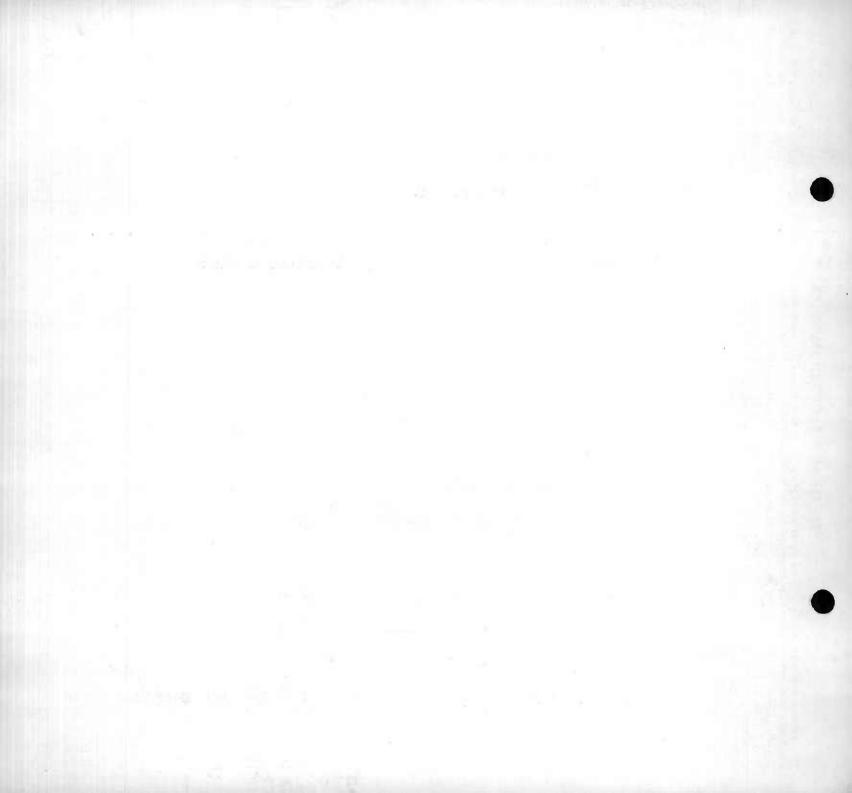




VS 150-REV, 1/1/65





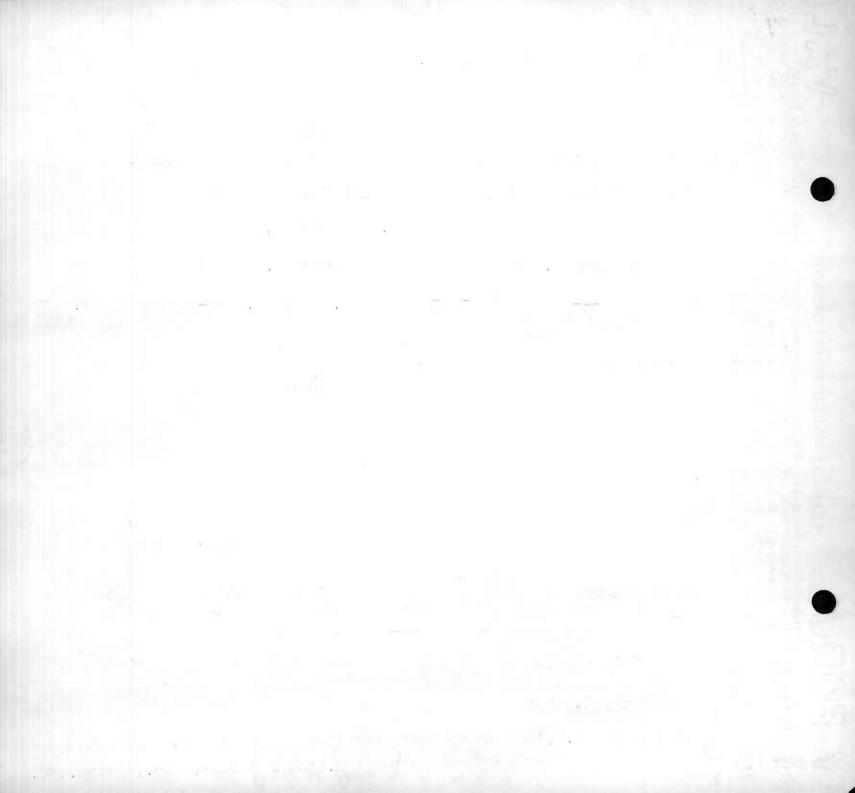


236-1 AN

...

truck primeran resurtemptionly assessed sonton steward due to RHD.

3100 CH-15CH



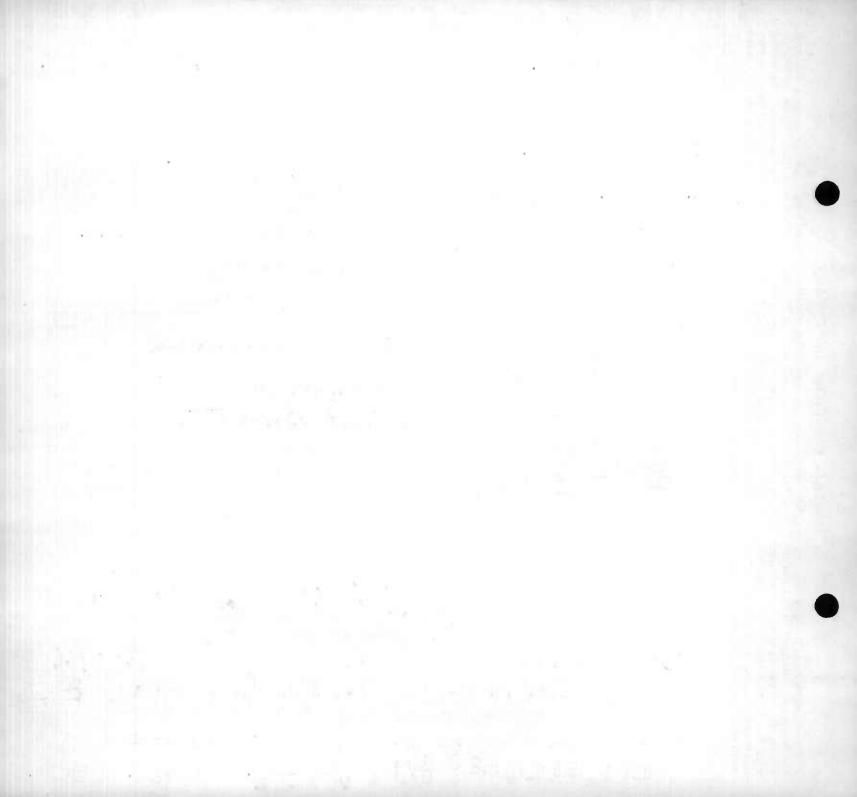
IMPORTANT

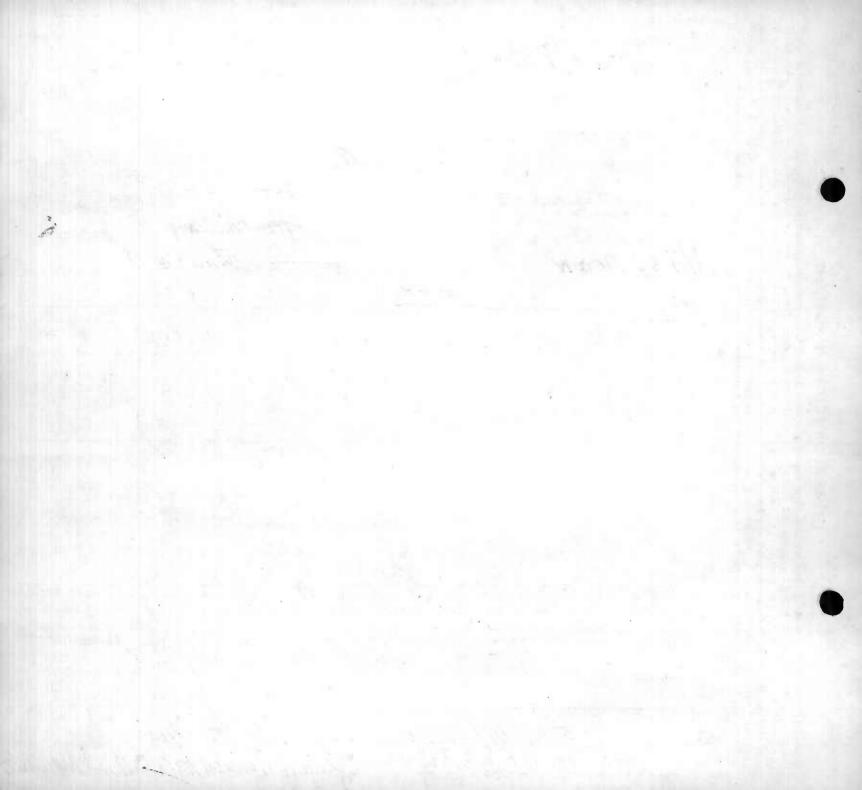
FUNERAL DIRECTOR:

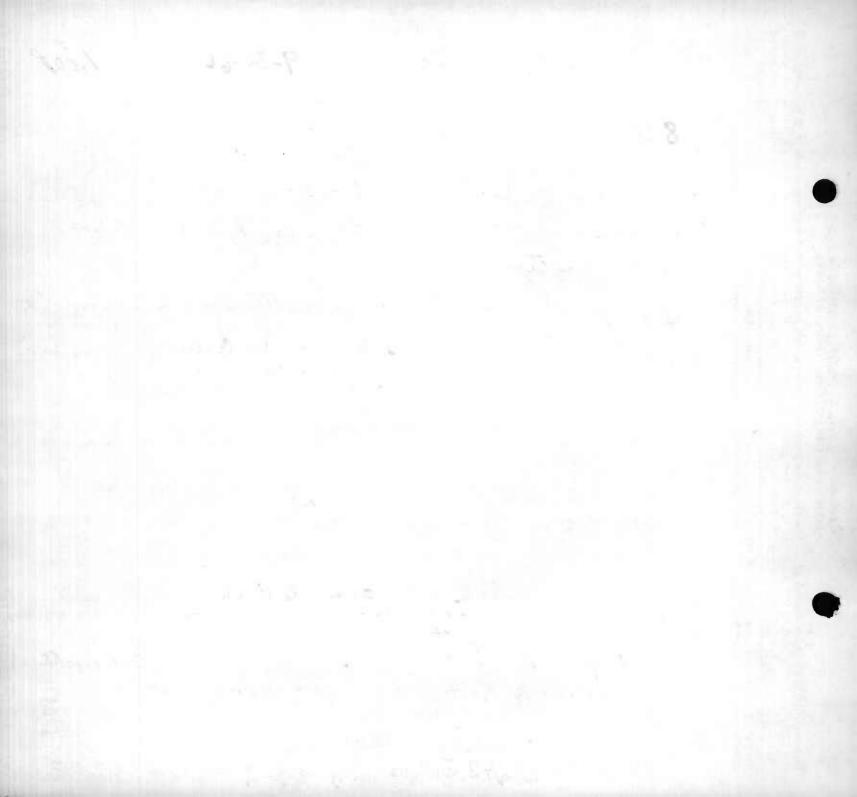
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

66 09967







BIRTH NO. 66 09971		TE OF DEATH	Registered No	66 09971
M.E. CASE NO.	CERTIFICA		ND HOUR OF DEATH	1.7
(Type or Print) L'GNCH,	HE STER		4/66	7 35
FULL NAME OF (If not in hospital or institute the spital or institution that is not included in the spital or institution that is not instituted in the spital or instituted in the spit	tion, give street  I of Maryland	4. USUAL RESIDENCE (WHA. STATE B. COU Mary fard C. CITY OR TOWN III of Baltinan	outside city limits, write I	stitution: residence before odmission
46 Baltimore, Mc	d. 21216	D. STREET ADDRESS	fruiol, give location)  man 5f.	
	RIED, NEVER MARRIED DWED, DIVORCED Ispecify) DOE BUSINESS OF INDUSTRY	B. DATE OF BIRTH  3/3/1/7  11. BIRTHPLACE (State or for	9. AGE IIn years tost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done during most of working life, even if refired)  Truck  Driver  13. FATHER'S NAME	D OT BOSINESS ON INDUSTRI	U. S. A.		WHAT COUNTRY?
nat Lynch	d N4 societi	Catherine	Lync	h
(Yes, no or unknown) (II yes, give for or dotes of serv	237-24-5079	Ligellas	zynch-	nosh to n.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying,	TO THE TO	Myo cardial.	Infarction	INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)  ANTECEDENT CAUSES	ANDUE TO			
DISEASES OR CONDITIONS, if any, gi nise to the above cause (A) stating UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
WAS PERFORMED	None	No Yes or N	10) 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exect location)
21D. TIME (Month) IDoy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this haspital) attend that (I) (we) lost saw the deceased alive	led the necessed trott	September 24 29 1966 and t	hot in (my) (our) opin	pforter 29 19 66
23A. SIGNATURE  Manuel B. Fierta	10	iew the body ofter death		238. DATE SIGNED 9/24/66
23C. PHYSICIAN'S NAME (Type) Manuel G. To	ntanilla M.D.	23D. Address Lutheron Baltime	n Hospital	of Maryland 21216
24A. BURIAL CREMATION, 24B. DATE 24B. DATE 25A. DATE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAT	Pleasant ?	MATORY 24D.	Halifot	ty, town, or county) (Stote)
OCT 4 1966: Rev. 1/1/65		Jurnell.	S. Oden	-Salto, md

237-24-5071 Lagella Lynch - March to. 3 Not Think est of the second of the secon

diseased statement are light. Grade statement

(

345.64

production again to last

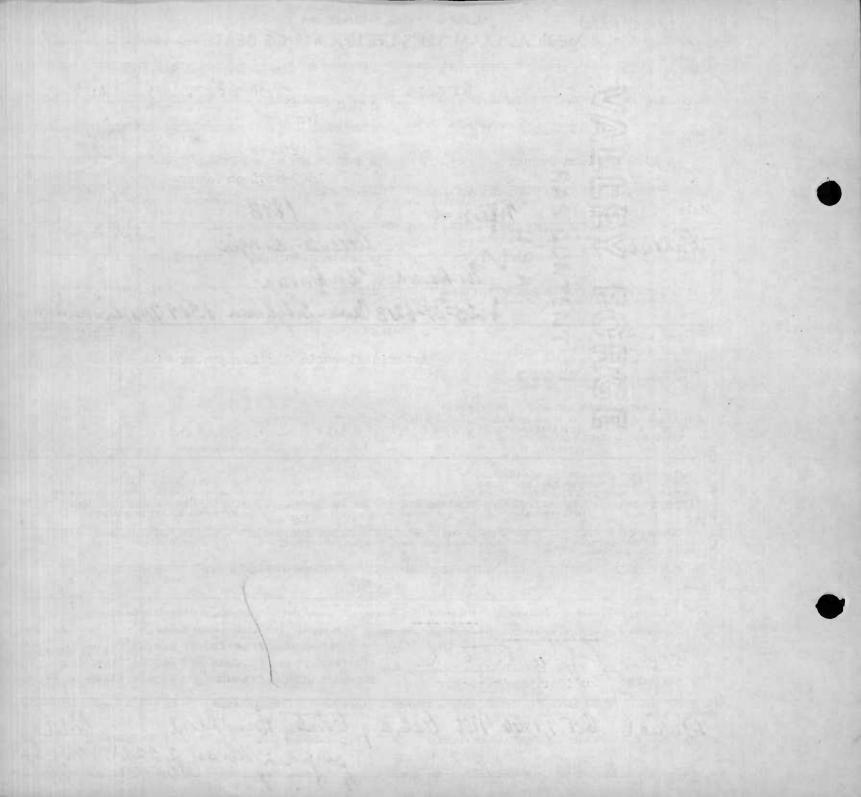
repris Comerge (Fried) dame

1875 57

al-altelo

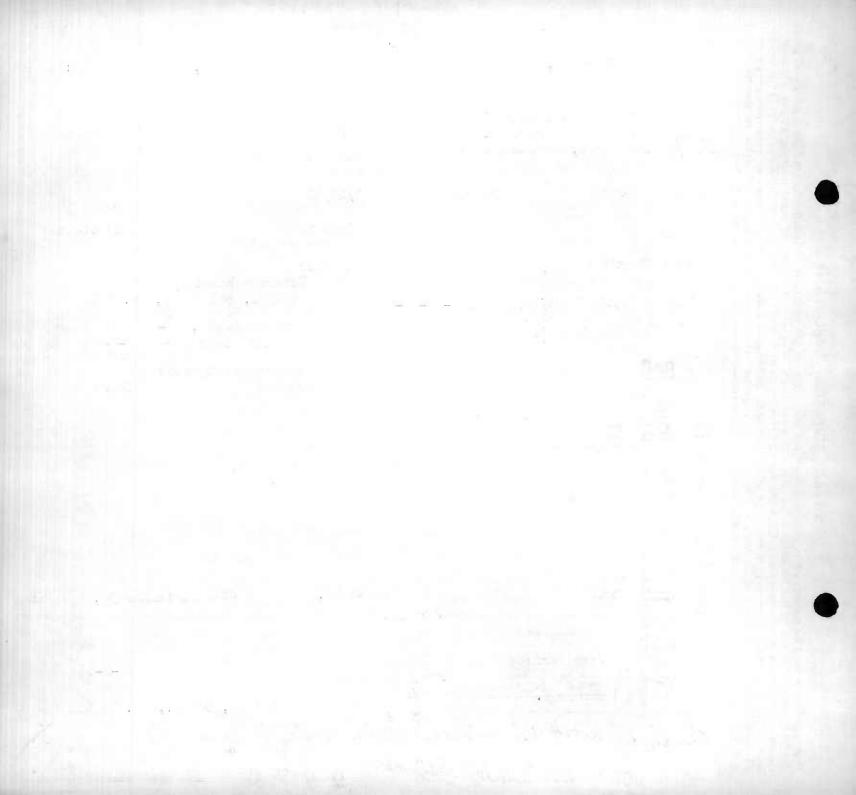
## BALTIMORE CITY HEALTH DEPARTMENT 66 U9973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na.

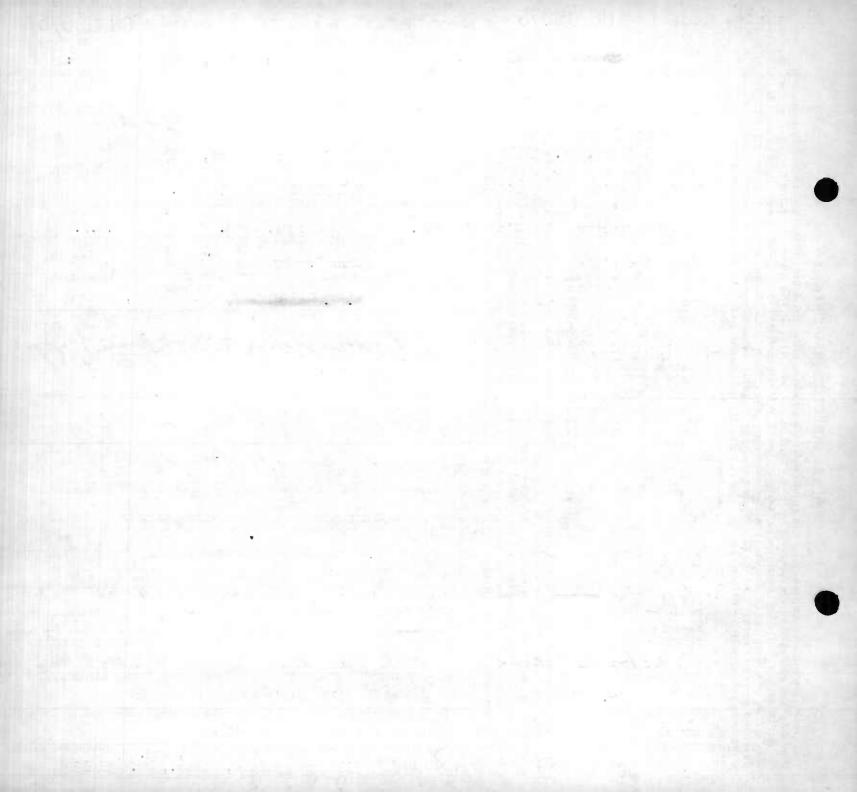
M.1	E CASE NO.								
1. I	NAME OF DEC	CEASED					2. DATE AN	D HOUR PRONOUNC	ED DEAD
114	pe or rillin	CHARLES	L.		BERNARD		Septe	mber 27 10	966   6.55 P M
3. F	LACE IN BALT			ERE PRON	OUNCED DEAD	4. USU	L RESIDENCE (Where	deceased lived. If ins	166   6:55 P M.  Ititution: residence before admission)
						A. SIAI	Maryland	8. 000	DNII
HO	L NAME OF		OR LOCATI		TITUTION, GIVE STREET	C. CITY		e corporate limits, write	e RURAL and give (ownship)
INS	TITUTION						D 1	//	-()(
	13	09 Madi	son Ave	nue		D STRE	Baltimore ET ADDRESS (If rurol,		
100	00	1100-11	0011 1110			D. JIKE			
			1-					son Avenue	
5. \$	EX	6. RACE			ED, NEVER MARRIED D, DIVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years last birthday)	Months, Days, Haurs, Min.
1	Male	Colore	ed	21	iloved		1893	73	
10A	USUAL OCC	JPATION (Give	kind of work 1	OB. KIND	OF BUSINESS OR INDUS	TRY II. BIRTH	IPLACE (State or foreig	n country)	12. CITIZEN OF
don	during most of		n if retired)			14	toute his	A.A.	WHAT COUNTRY?
1.7	FATHER'S NAM			V. 1		114 MOT	HER'S MAIDEN NAM		
13.	TAINER 3 NAV	16			91.6	120	TER S MAIDEN NAM	9	
					ankunn	"W	MEMOROW		
	WAS DECEASE				16. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS
(16:	, no or onknown	ill yes, give v	wor or noies	OL SELVICI	916=17-19	12/620	sie Jelalin	un 1309	mal are
					9-01-6V	13 00		and 1501	
	1B.	201			CAU	SE OF DEA	ATH .		ONSET AND DEATH
	DISEA	SE OR COND	ITION DIRE	CTLY					
		LEADING T			(A) Arte	rioscle	rotic Cardi	ovascular D	isease
	(This does to	not meon the , asthenio, etc.	mode of c	dying, e.	9. DUE TO	******************		••••••	
	injury ar con	mplication whic	h caused de	ath.)					
		NTECENDEN			(B)			******************************	
		OR CONDITION							
		NG CONDITIO							
Z				100	(C)				
E		- II		1.5	A STATE OF	10 9	The same of the sa		ALPTAS INCLUDED TO A STATE
5		NIFICANT COL							
正		R CONDITION			)  HE			••••	
CERTIFICATION	19A. DATE OF				R WHICH OPERATION	20 A. A	UTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED
$\ddot{c}$	0		WAS PERFO	DRMED			No	IN CERTIFYING CAU	
7	21 A EXTERNA	L CAUSE WA	\$	21	B. PLACE OF INJURY (e.	a in at abau		Uf in Rollinger City of	ive exect leasting)
EDICAL	UNDERLYING	OR CONTRIB.		ho	ame, farm, factory, street	, affice bldg	INJURY OCCUR?	ar in bollimate City, g	ive exact localians
	UTING LCAU	SE OF DEATH	•	et	c.)				
Σ	21 D TIME	(Manth) (D	oy) (Year)	(Haur)	21E. INJURY OCCURRE	D	21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY					T WHILE			
				n	NORK AT	WORK			
	22.	tify that I he	ld an Inc		Inspection X	Autapsy	and show on shi	a baata daada la s	
				CHEMIN				is basis, death In a	my apinian
	resul	ted fram: No	atural caus	es X	Accident Sylv	ide	Hamicide U	Indetermined mann	er
		7	M.K.	4	7 //	CI	HEF MEDICAL EX	AMINER _	DATE GIGNED
	ACTUA		11/1	10	early V	- ASSIST	ANT MEDICAL EX	AMINER X	DATE SIGNED
	SIGNAT	. /	W	~					V. Tarabalan and A. Carabalan and A. Car
	EXAMIN		udiger	Brei	tenecker /	ASSOC	IATE MEDICAL EX	KAMINER	9/27/66
22.4	NAME (		0.075		long MANAGE - TOTAL	M 65511	TOPY IOST :	001501	
	OVAL (Special		DATE		23C. NAME OF CEMETER	T or CREMA	23D. L	OCATION (City	, town, ar caunty) (State)
	42116	20 11	VI.	14/0/	Wit longs	A111 6	comble by	nar plan	/ IMA
244	DATE REC'D	BY HEALTH C	DEPT.	24R. N. A.A	AE OF REGISTRAP	1240	FUNERAL DIRECTOR	Many	ADDRESS
- 7/	. JAIL REC D	J. HEACHT L		-40, 1470	4 90 4	1	1 11 ( )	12. 121 1	none marth
	0	CT A	1988 (	101	R. E. Farlevan	X	rapa t.	mas of	soft, in the
-	LJ	1 44	BULL []	White I	O Co Mandrey and	~ XI	d 9 19	13	HERMA MA



(Тур	AME OF DE	Thornto	n, Edward	Herman			ember 30. 1		8:15
F	FULL NAME HOSPITAL OR NSTITUTION	of Of not in how Veterans Ad 3900 Loch R Baltimore,	spitol or institution, ministrat aven Blvd	ion Hospital	A. STATE Marylar C. CITY OR TO Baltime D. STREET ADD	B. COU	outside city limits, with	1/	
5. S	ale	6. RACE Negro	WIDOWE	, NEVER MARRIED D, DIVORCED (specify) Brried	8. DATE OF BIR		9. AGE (In years lost birthdoy)	If U	nder 1 Yr. If Under 2.
done		CUPATION (Give kind of working lile, even if re	f work 108. KIND O	F BUSINESS OR INDUSTR		E (Stote or lo	reign country)		ited States
		Thornton			Emma Wis		AME		
15. V (Yes	Was Deceose s, no or unknow Yes	d Ever in U. S. Arme (If yes, give wor o		16. SOCIAL SECURITY NO. 215-16-79-6			ans Hospital		ADDRESS d. 21218
Z	DISEASES rise to t UNDERLYIN	LEADING TO DE not meen the mod , asthenio, etc. It m mplicotion which co ANTECEDENT CA OR CONDITIONS, the obove cause IG CONDITION las	e of dying, e.g. neons the discose used deoth.) USES il ony, giving (A) stoting the	(B) DUE TO	severe bi	latera			6-7-days and minutes Years
RTIFICATION	TO THE	DEATH BUT NOT CONDITION CAUS OF OPERATION 198.	RELATED TO TO	both	apices		No) 208. IF YES, WEE		Years  GS CONSIDERED  DE DEATH?
AL CE	OR CONTRI	ENT WAS UNDERLYIBUTING CAUSE Of medical examiner	NG 21	B. PLACE OF INJURY (e.g., me, lorm, factory, street,	in or about 21C. Wolfice bldg., INJUR	WHERE DID			give exoct locotian)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (	w	hile At Not Work At Work	nile 🔲	OW DID IN	NJURY OCCUR?		
	thot (i) (we	n) lost sow the dec	eosed olive an.	September 30			that in (May) (our) a	pinion d	er 30, 19
24A	23 C. PHYSICI NAME	Jose Type Tober	Ramirez Ramirez Ramirez	les. D	23D. Address Veteran	Med. Director  S Hosp    24D.	Stoff Phys. 12 Dital Balto	o Mc	10-1-66

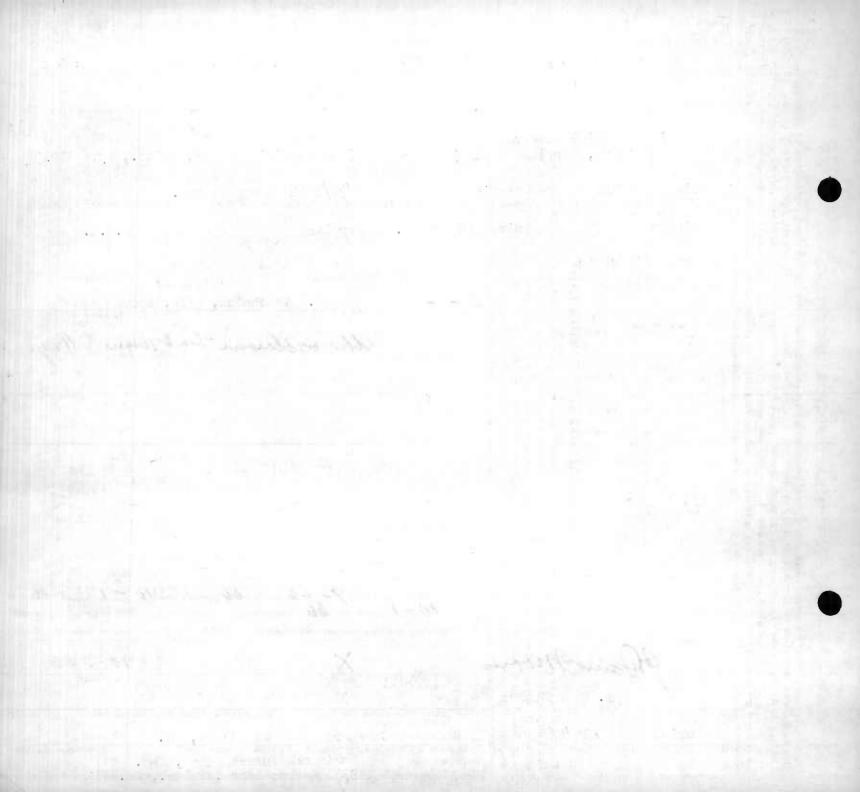
ADDRESS





October 1, 1966 6:15 a M

4. USUAL RESIDENCE (Where doceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY (If outside city limits) write RURAL and give lownship) 3026 Mayfield Avenue, Balto., Md. If Under 1 Yr. Manths: Days Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mary E. Kirschnick, wife, above INTERVAL BETWEEN ONSET AND DEATH Therospheroin Least Duins 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Baltimare City, give exact location) ....and that in(my) (aur) apinian death accurred an the date 23B. DATE SIGNED (City, tawn, or county) ADDRESS Schimunek Funeral Home, Inc. Brehms Jane . Belto . Md. VS 150-REV. 1/1/65



VS 150-REV, 1/1/65

Land at the first transfer of the first tran

Complete Com

VS 150-REV. 1/1/65

LE CASE NO.	ECEA SED			2. DATE AND	HOUR OF DEATH	1
ype or Print)	izabeth Lorett	a Moffet	tt		29, 1966	
	DEATH IN BALTIMORE, MA	RYLAND			deceased lived. If	institution: residence before admis
HOSPITAL OF	R oddress or locotio		give sireer		side city limits, write	RURAL and give township)
Gould	d Convalesariu	m			urol, give location)	1234
sex Female	6. RACE White		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	AGE (In years ost birthdoy) 78	If Under 1 Yr. If Under 24 Months Doys Hours M
A. USUAL OC	CUPATION (Give kind of wor of working life, even if retired)	k 10B, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig		12. CITIZEN OF WHAT COUNTRY?
Housewi				New York City		U.S.A.
FATHER'S N		1		14. MOTHER'S MAIDEN NAM	A E	
	Cole	man		White the second	McGreden	
. Wos Deceos es, no or unkno	ed Ever in U. S. Armed For wn) (If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			212-52-7629	Mr. Leonard Sob	on 9643	Dixon Ave. 212
18. 17.4	5.70 1		CAUSE O	F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY				
			10			
heart foilur	LEADING TO DEATH nat meon the made of e, osthenio, elc. It meons omplication which caused	the diseose,	(A) V	with webs	, Loses	2 lune
heart foilur injury or co DISEASES rise to	nat meen the made of e, osthenio, etc. It meens	the discose, death,) ony, giving	(B)	with webs		2 luon
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE O	not meen the made of e, osthenio, elc. It meens omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.  II  CONDITION SCIENTIFICANT CONDITIONS CONDITION CAUSING	the diseose, death.) ony, giving stating the CONTRIBUTINATED TO TH	(B) DUE TO (C)			
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE O	nat meen the made of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost.	the disease, death.) ony, giving stating the CONTRIBUTINATED TO THE TOTAL THE TOTAL THE TRANSPORTER TO THE T	(B) DUE TO (C)			FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE O  19A. DATE OR CONTRI DEATH (not	not meen the made of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost.	the disease, death.) ony, giving stating the CONTRIBUTINATED TO THE TOTAL TOTA	G E WHICH OPERATION  PLACE OF INJURY (e.g., integration, foctory, street, of the form, foctory, street, of the foctory,		208. IF YES, WERE IN CERTIFYING C	
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE OF 19A. DATE OF 21A. A CCID OR CONTRI	not meen the made of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost.  II SUFFICANT CONDITIONS CONDITIONS CONDITION CAUSING OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITIONS CONDITIO	ony, giving stating the CONTRIBUTIN ATED TO THIT.  ADITION FOR TORMED  218 horner.  (Hour) 21E	GE WHICH OPERATION  PLACE OF INJURY (e.g., integration of the control of the cont	n or about 21C. WHERE DID ffice bldg., NJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE OF 19.A. DATE OR CONTRI DEATH (not 10. TIME OF INJURY (APPROX.)	not meen the made of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost.  II SINIFICANT CONDITIONS (I) DEATH BUT NOT RELATE CONDITION CAUSING OF OPERATION 19B. CONDITION CONDITION CAUSING OF OPERATION 19B. CONDITION CAUSE OF SIMPLE OF OPERATION 19B. CAUSE OF SIMPLE OPERATION 19B. CAUSE	ony, giving stating the CONTRIBUTINATED TO THIS.  IDITION FOR THOMAS TO THE CONTRIBUTION FOR	GE WHICH OPERATION  PLACE OF INJURY (e.g., integration of the control of the cont	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE O  19A. DATE OF CONTRI DEATH (not D	not meen the made of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost.  II SUBJECT CONDITIONS OF CONDITION CAUSING OF OPERATION 19B. CONDITION CAUSE OF biffy medical examinet)	ony, giving stating lhe  CONTRIBUTINATED TO THATE.  ADITION FOR STORMED  21B horr etc.  (Hour) 21E Wh.  Wh.  Wh.	GE WHICH OPERATION  PLACE OF INJURY (e.g., integration of the control of the cont	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact location)
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE OF 19A. DATE OF OR CONTRI OEATH (not 21D. TIME OF INJURY (APPROX.)  22. I certif	not meen the made of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost.	ony, giving stating the CONTRIBUTIN ATED TO THE IT.  IDITION FOR STORMED  218 hometic.  (Hour) 21E Wh.  Wh.  Wh.  Wh.  I) attended the dalive an	G (C)  PLACE OF INJURY (e.g., integration of the form, foctory, street, of the foctory, street, of the foctory	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact location)
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE OF 19A. DATE OF OR CONTRI OEATH (not 21D. TIME OF INJURY (APPROX.)  22. I certif	not meen the made of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION tost.	ony, giving stating the CONTRIBUTIN ATED TO THE IT.  IDITION FOR STORMED  218 hometic.  (Hour) 21E Wh.  Wh.  Wh.  Wh.  I) attended the dalive an	GE WHICH OPERATION  PLACE OF INJURY (e.g., interpretation of the property of t	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU  19 and the riew the bady after death.	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact location)
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE OF 19A. DATE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.)  22. I certifi that (I) (w. and haur a	not meen the made of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION tost.	ony, giving stating the CONTRIBUTIN ATED TO THE IT.  IDITION FOR STORMED  218 hometic.  (Hour) 21E Wh.  Wh.  Wh.  Wh.  I) attended the dalive an	(B) DUE TO (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., in the tension of	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU  19 and the riew the bady after death.	208. IF YES, WERE IN CERTIFYING C  (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact location)  19 (, pinian death accurred an the
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE OF 19A. DATE OF CONTRI CON	not meen the made of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION tost.	ony, giving stating the CONTRIBUTIN ATED TO THE IT.  IDITION FOR STORMED    CONTRIBUTION FOR STORMED   21 E	(B) DUE TO (C)  G G IE WHICH OPERATION  PLACE OF INJURY (e.g., integration of the control of the	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg, INJURY OCCUR?  21F. HOW DID INJU  21F. How DID INJU  19	20B. IF YES, WERE IN CERTIFYING C  (If in Boltimo	20 19 Contains death accurred an the
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE OF 19A. DATE OF CONTRI CON	not meen the made of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost.  II SUBJECT CONDITIONS OF OPERATION 1988. CONDITIONS (CONDITION CAUSING OF OPERATION 1988. CONDITION CAUSING OF OPERATION 1988. CONDITION CAUSING OF OPERATION 1989. CONDITION CAUSE OF lifty medical examinet)  (Month) (Doy) (Year)  If that (I) (this hospital e) last saw the decease and from the causes start URE  CIAN'S (Type)  Joseph Skloven REMATION, 1248, DATE	ony, giving stating the CONTRIBUTIN ATED TO THE IT.  IDITION FOR STORMED    CONTRIBUTION FOR STORMED   21 E	(B) DUE TO (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., in the tension of	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg, INJURY OCCUR?  21F. HOW DID INJU  21F. How DID INJU  19	208. IF YES, WERE IN CERTIFYING C  (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact location)  19 (, pinian death accurred an the

Cook-Brooks Towson Inc.

1050 York Rd.

22.7

. 400. (4.01) 1.016

9917 April 440

100 ( comm.)

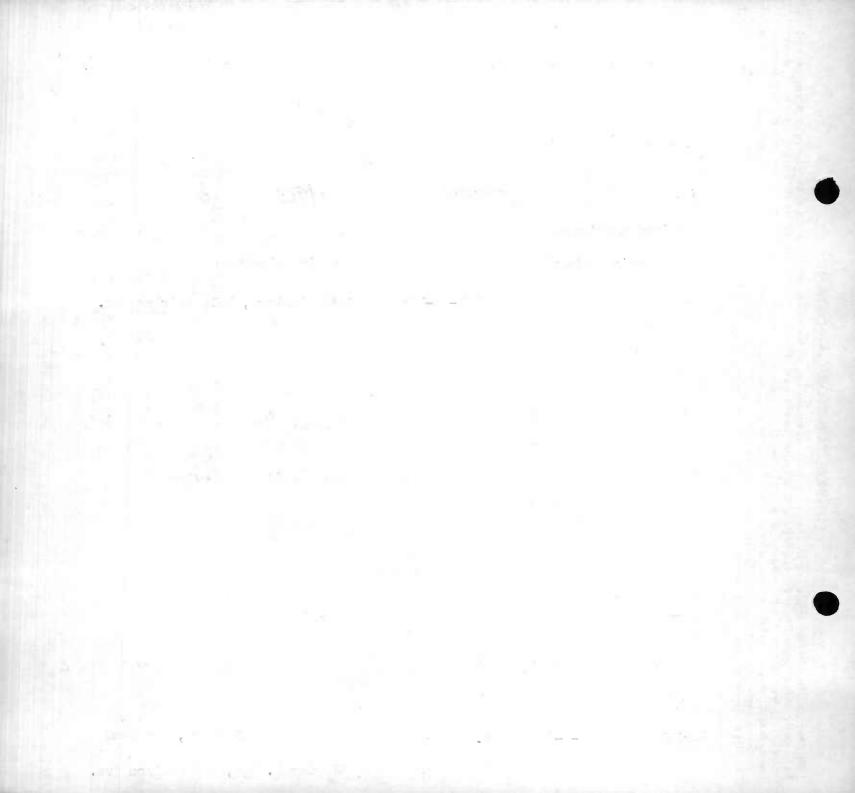
THE RESERVE THE PROPERTY OF THE PARTY OF THE

46.54

- V 40/7 (\_)

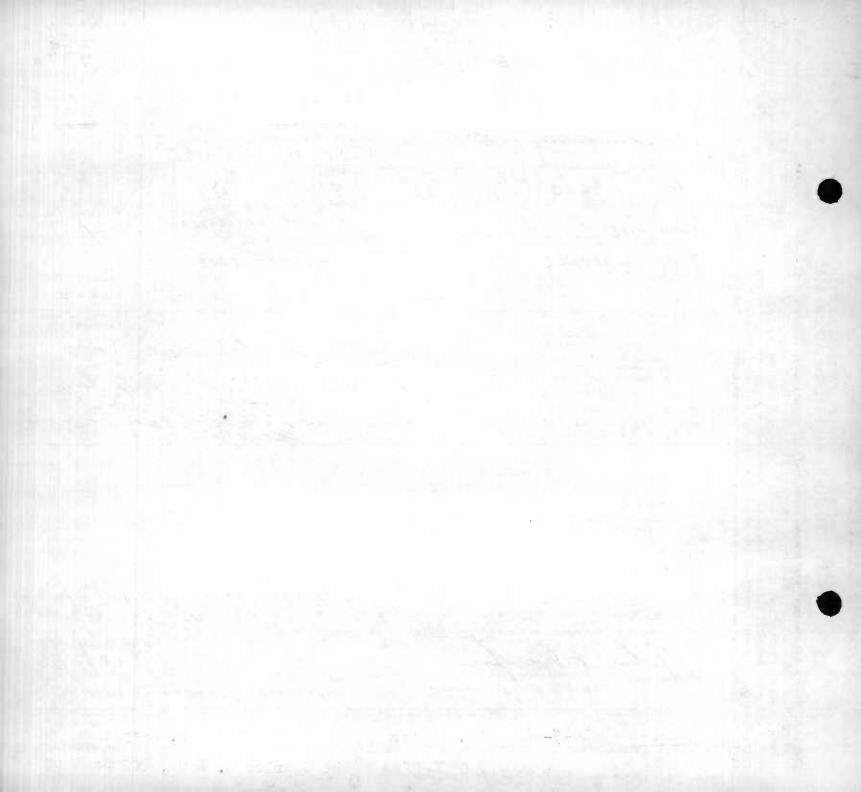
RGB

VS 150-REV. 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

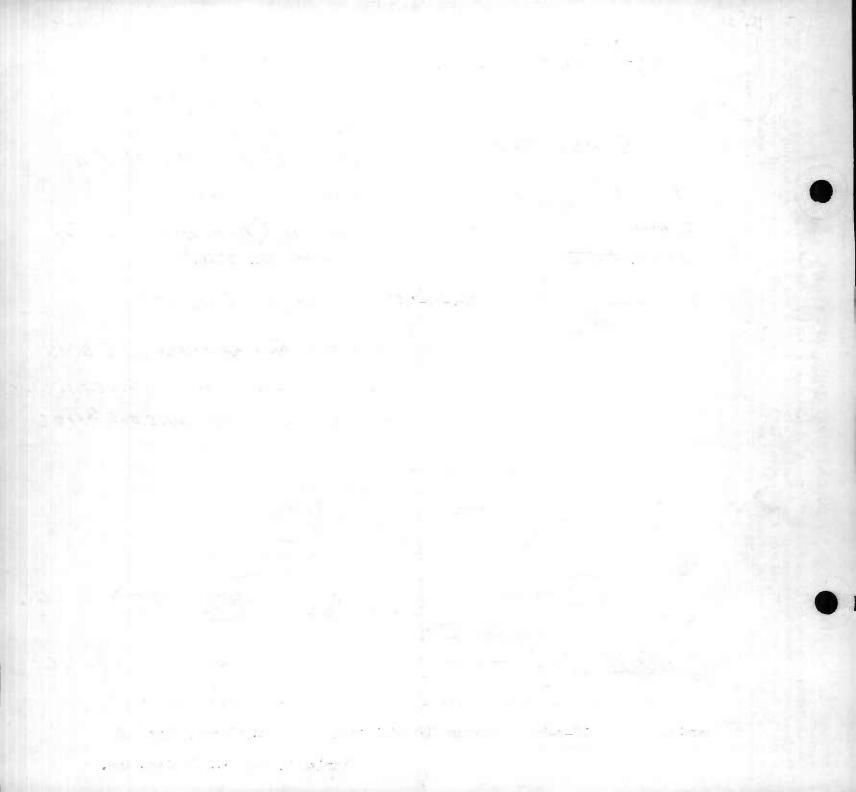


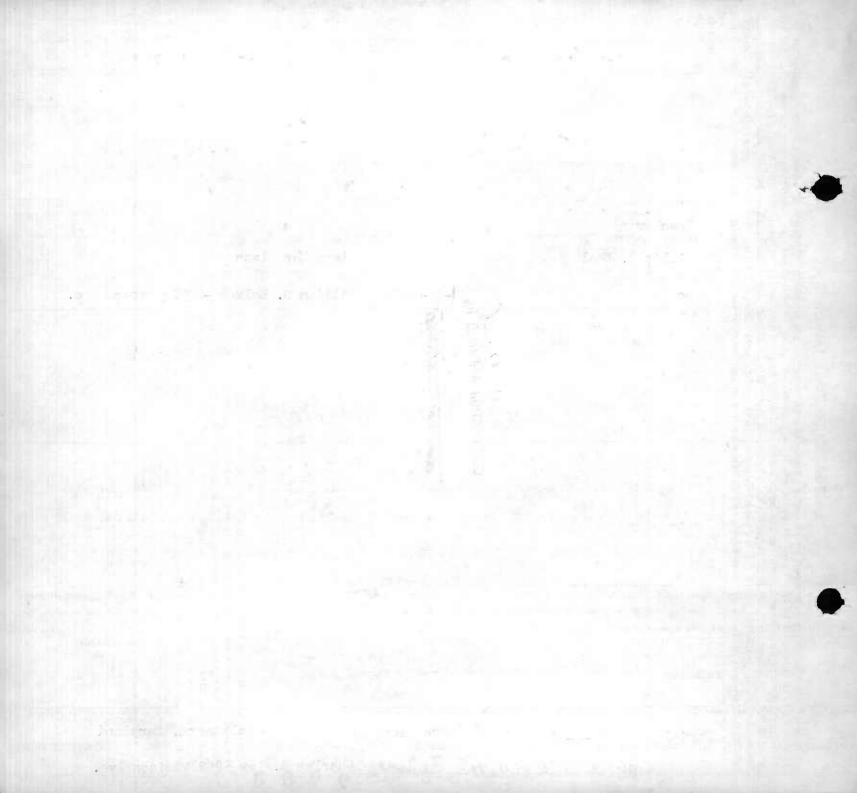
IMPORTANT

DIRECTOR:

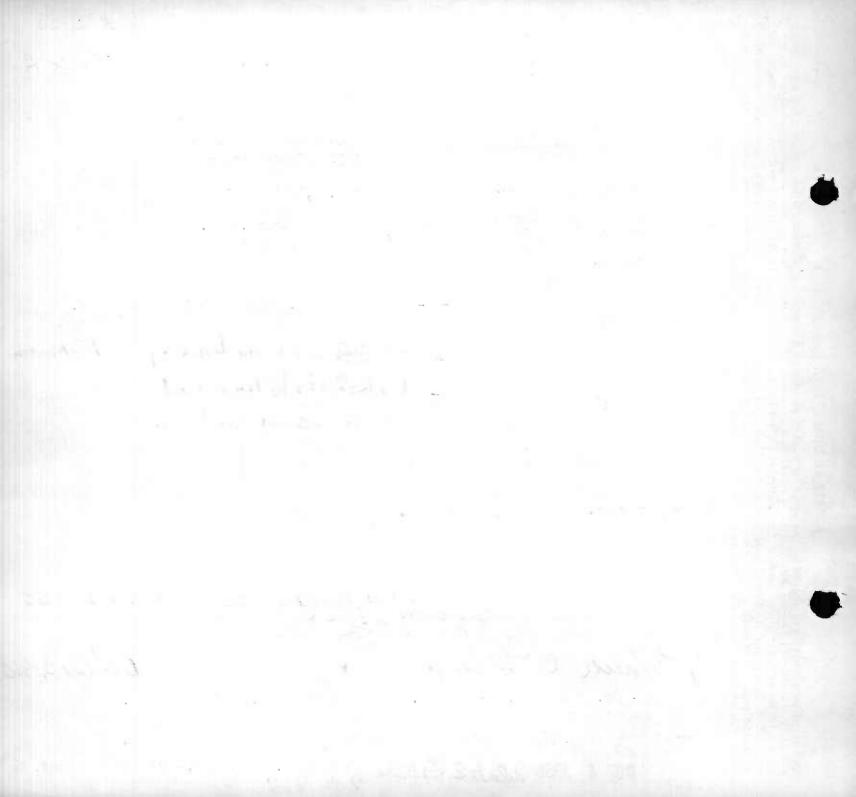
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT





M.E. CASE NO.  1. NAME OF DEC (Type or Print)		M. WEBER	R			2, 1966	3:
3. PLACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESID	ENCE (When	e deceased lived. If in	
FULL NAME O	F (If not in hospital	as institution on		Maryland	B. COUN	TY	
HOSPITAL OR	oddress or locatio	in)	ive street	C. CITY OR TOW		side city limits, write	RURAL and give tow
	residence	-		Baltimore			1-00
00	3132	Orlando	Avenue	D. STREET ADDR		Tural, give localion)	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last_birthdoy)	If Under 1 Yr.
female	white	marrie		Sept. 6,	1913	53	Months Doys H
done during most of	JPATION (Give kind of working life, even if retired)	Herbert	BUSINESS OR INDUSTR	11. BIRTHPLACE			12. CITIZEN OF
legal sec	retary	Master C	Chancery Ct,	Iowson	Balto	)., Md.	USA
13. FATHER'S NAA				14. MOTHERS M			
Julius W					SHET	TIER	
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed For	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No			215-05-5995	Milton W	7. Webe	er 3132 (	Orlando Ave
1B. / 7	701			OF DEATH			INTERVAL ONSET A
	E OR CONDITION DI	RECTLY	- 0	dounda	ME ALAKA	a la Acasca	ry 10
(This does n	at mean the made of	dying, e.g.,	(A) TO	o oug Cu	CAPINA	4 -9/1000	
heart failure	achania ale It maone	the disease	00110				*
heart failure,	aslhenia, elc. It meons plicatian which coused	s the disease,	2 746	Jantosio	41	wer and	1 6
heart failure, injury or com		s the disease, d death,)	A (B) DUE TO	lastas i	to l	ver and	6
heart failure, injury or com	plication which coused	s the disease, d death.) S any, giving	A (B) DUE TO	Hastas i	to 1	ver and	1 6 ex
DISEASES C	plication which coused ANTECEDENT CAUSES OR CONDITIONS, if	s the disease, d death.) S any, giving	A (B) DUE TO	Hastasis Dentme	to l	ver and and line	1 6 ex
DISEASES Of the UNDERLYING	plication which coused ANTECEDENT CAUSES PR CONDITIONS, if the obove couse (A) to CONDITION lost.	s the disease, d death.)  any, giving stating the		etastas is Dentene	to 1	ver and and leve	i 6
DISEASES OF THE DOTHER SIGNITO THE DOTHER SIGNITOR THE SIGNITOR TH	plication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) to CONDITION lost.	s the disease, dideath,)  any, giving stating the		Hastas i	to 1	and leve	1 6 ev
DISEASES OF THE RESIDENT OF THE DISEASE OF THE DISE	plication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) GONDITION lost.  II FICANT CONDITIONS CEATH BUT NOT RELA	any, giving stating the	HICH OPERATION	20 A. AUTOPSY			FINDINGS CONSIDE
DISEASES OF THE DISEASE OF THE DISEA	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if to obove couse (A) CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELY CONDITION CAUSING OPERATION 198. CONTINUES OPERATION 198. CONTINUES PER	any, giving stating the	HICH OPERATION	20A. AUTOPSY	? (Yes ar No	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE
DISEASES OF THE DISEASE OF THE DISEA	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if to obove couse (A) CONDITION lost.  FICANT CONDITION SO REATH BUT NOT RELATE CONDITION CAUSING OPERATION 198. CONDITION CAUSING THAS PER TING CAUSE OF	any, giving stating the	HICH OPERATION	20A. AUTOPSY	? (Yes ar No	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE
DISEASES OF THE DEATH (notify)	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if to obove couse (A) CONDITION lost.  FICANT CONDITIONS CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 1988. CONDITION CAUSING OPERATION 1988. CONDITION CAUSING OPERATION 1988. CONDITION CAUSING OPERATION 1988. CONDITION CAUSING OPERATION CAUSING OPERAT	any, giving stating the CONTRIBUTING AATED TO THE IT.  NOTION FOR WIFORMED CA.  218. F home, etc.)	HICH OPERATION	20 A. AUTOPSY in or about 21 C. WH office bidgs, INJURY	? (Yes or No	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE
DISEASES OF THE CONTRIBUTION OF CONTRIBUTION O	Plication which coused ANTECEDENT CAUSES OF CONDITIONS, if the obove couse (A) to CONDITION lost.  FICANT CONDITIONS CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION TWAS PER TIME CAUSE OF medical examiner)	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WIFORMED CA.  (Hour) 21 E. I While	/HICH OPERATION  **TCMMA (VA)  PLACE OF INJURY (e.g., form, factory, street, INJURY OCCURRED  **EAT Not Wh	20A. AUTOPSY in or about 21 C. WH office bldg., INJURY	? (Yes or No	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE
DISEASES OF THE DEATH (notify)  OTHER SIGNITO THE DISEASE OF THE D	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if so obve couse (A) CONDITION lost.  FICANT CONDITION SO REATH BUT NOT RELACED OF REATION 198. CONDITION CAUSING OPERATION 198. CONDITION CAUSING TWAS PER TIME CAUSE OF medical examiner)	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WIFORMED 21B. F home, etc.)  (Hour) 21E. I While Work	PLACE OF INJURY (e.g., form, factory, street, INJURY OCCURRED AT Work	20 A. AUTOPSY in or about 21 C. WH office bldg., INJURY	? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA  (If in Baltimor	FINDINGS CONSIDE AUSES OF DEATH? TE City, give exoct lo
DISEASES OF TISE TO THE DISEASE OF T	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if so obve couse (A) CONDITION lost.  FICANT CONDITION SO REATH BUT NOT RELATE BUT NOT RELATE CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION (A) CONDITION (B) CAUSE OF medical examiner)  (Month) (Doy) (Yeor)	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WIFORMED 218. F home etc.)  (Hour) 218. I While Work	/HICH OPERATION  // CM/MA (VA)  PLACE OF INJURY (e.g., form, factory, street, INJURY OCCURRED  e At Not Wh At Work  e deceased from (A)	20A. AUTOPSY in or about 21 C. WH office bldg., INJURY	? (Yes or No	OPERATOR OF THE PROPERTY OF T	FINDINGS CONSIDE AUSES OF DEATH? THE City, give exoct lo
DISEASES OF TISE TO THE DESCRIPTION OF THE DESCRIPT	ANTECEDENT CAUSES  R CONDITIONS, if s obove couse (A) CONDITION lost.  FICANT CONDITIONS CONDITION SCATT CONDITION CAUSING OPERATION 198. CON TWAS PER  IT WAS UNDERLYING TING CAUSE OF medical examiner)  (Month) (Doy) (Year)  that (I) (this hospital	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR W (FORMED CAME)  (Hour) 21E, I While Work  I) attended the ed alive an	PLACE OF INJURY (e.g., form, factory, street, INJURY OCCURRED A 1 Work At Work	20 A. AUTOPSY in or obout 21 C. WH office bidg., INJURY 21 F. HO ile	P (Yes or No	OPERATOR OF THE PROPERTY OF T	FINDINGS CONSIDE AUSES OF DEATH? THE City, give exoct lo
DISEASES OF THE DISEASE OF THE DISEA	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if so bove couse (A) CONDITION lost.  FICANT CONDITION SO RELACED TO AUSTRELACED OPERATION 198. CONDITION CAUSING OPERATION (AUSTREAM CAUSE OF MEDICAL EXAMINET)  (Month) (Doy) (Yeor)  That (I) (this hospital last saw the deceased from the couses sto	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR W (FORMED CAME)  (Hour) 21E, I While Work  I) attended the ed alive an	PLACE OF INJURY (e.g., form, factory, street, INJURY OCCURRED A 1 Work At Work (We) (did) (did not)	20A. AUTOPSY in or obout 21C. WH office bldg., INJURY  21F. HO ile	P (Yes or No	OPERATOR OF THE PROPERTY OF T	FINDINGS CONSIDE AUSES OF DEATH? THE City, give exoct lo
DISEASES OF THE DISEASE OF THE DISEA	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if so bove couse (A) CONDITION lost.  FICANT CONDITION SO RELACED TO AUSTRELACED OPERATION 198. CONDITION CAUSING OPERATION (AUSTREAM CAUSE OF MEDICAL EXAMINET)  (Month) (Doy) (Yeor)  That (I) (this hospital last saw the deceased from the couses sto	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR W (FORMED CAME)  (Hour) 21E, I While Work  I) attended the ed alive an	PLACE OF INJURY (e.g., form, factory, street, INJURY OCCURRED A 1 Work At Work (We) (did) (did not)	20A. AUTOPSY in or about 21C. WH office bldg., INJURY  21F. HO ile	? (Yes or No	OPERATOR OF THE PROPERTY OF T	FINDINGS CONSIDE AUSES OF DEATH?  THE City, give exoct lo
DISEASES OF TISE TO THE DISEASE OF T	ANTECEDENT CAUSES  OR CONDITIONS, if cobove couse (A) CONDITION lost.  FICANT CONDITIONS CONDITIONS CONDITION CAUSING  OPERATION 198. CON FIGURE CAUSE OF medical examiner)  (Month) (Doy) (Yeor)  that (I) (this hospital last saw the decease from the couses sto	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WATER (Hour) 21 E. I While Work (Hour) 21 E. I While work (I) attended the ed alive an Steed obeve, (I)	PLACE OF INJURY (e.g., of form, factory, street, of the factory).  INJURY OCCURRED  At At Work  At Work  At Work  At Work  (We) (dld) (did not)  At M.D. At Ph	20 A. AUTOPSY in or about 21 C. WH office bldg., INJURY 21 F. HO ile 19 6 6 view the body off tending M. indicate bldg., M. indicate bldg., INJURY	P(Yes or No	208. IF YES, WERE IN CERTIFYING CA  (If in Baltimore)  URY OCCUR?  1966ta	FINDINGS CONSIDER USES OF DEATH?  THE City, give exact lought to be a second to b
DISEASES OF TISE TO THE DISEASE OF TISE TO THE DISEASE OF THE DEATH (notify (APPROX.)  21 Certify that (I) (we) and four one 23A/SIGNATU	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if so bove couse (A) CONDITION lost.  FICANT CONDITION SO CAUTH BUT NOT RELACED OPERATION [198. CONDITION CAUSING OPERATION [198. CONDITION CAUSE OF medical examines)  (Month) (Doy) (Yeor)  that (I) (this hospital last saw the deceased from the couses sto recommendation of the couse o	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WIFORMED (Hour) 21E. I While work work work of the ded alive an ordered obever, (I)	INJURY OCCURRED  e AI Not Who e deceased from (We) (did) (did not)  At Wood  (We) (did) (did not)  At M.D. At Ph	20A. AUTOPSY in or obout 21C. WHoffice bidg., INJURY  21F. Ho ile	P(Yes or No	20B. IF YES, WERE IN CERTIFYING CA  (If in Baltimor)  URY OCCUR?  966ta	FINDINGS CONSIDER USES OF DEATH?  THE City, give exact lought to be a second to b
NOTHER SIGNI TO THE D DISEASES OR TISE to the UNDERLYING  OTHER SIGNI TO THE D DISEASE OR  19 A. DATE OF OR CONTRIBU DEATH (notify)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and four one 23 A SIGNATU	Plication which coused ANTECEDENT CAUSES OF CONDITIONS, if sobove couse (A) CONDITION lost.  FICANT CONDITION SO CEATH BUT NOT RELY CONDITION CAUSING OPERATION 198. CONDITION CAUSE OF medical examiner)  (Month) (Doy) (Yeor)  that (I) (this hospital last saw the decease of from the couses sto represent the couse storing the	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WIFORMED (Hour) 21E. I While work work work of the ded alive an ordered obever, (I)	PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form)  INJURY OCCURRED  e At Not What At Work  e deceased from Office (We) (did) (did not)  At M.D. At Ph  Blan, Jr. M.O.  ME of CEMETERY of CI	20A. AUTOPSY in or obout 21C. WHoffice bidg., INJURY  21F. Ho ile	(Yes or No  NO  IERE DID OCCUR?  W DID INJ  and the ter deoth.	20B. IF YES, WERE IN CERTIFYING CA  (If in Baltimor  URY OCCUR?  966taOC  at In(my) (aur) opi	FINDINGS CONSIDER USES OF DEATH?  THE City, give exact lought to be a second to b



00 20000	BALTIMORE CITY	HEALTH DEPARTMENT		66 09986
BIRTH NO. 66 U9986	CERTIFICA	TE OF DEATH	Registered No	00 03386
M.E. CASE NO.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2. DATE AND	HOUR OF DEATH	
	ompte	Octob	ser4. 196	66 330 A.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	stitution: residence before admission
FULL NAME OF (If not in haspital or institution	n, give street	MARYLAW	VD	FIRST DAILS, I
HOSPITAL OR address or lacotion)	14			LIRAL and give township)
Sinai Hospital Of B	altimore	D. STREET ADDRESS (If ru	ral, give location)	× 1-00
42		or if	Kirk R	d #12
WIDOW	D, NEVER MARRIED /ED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs Manths: Doys Hours: Min.
M W Ma	arrica	1-29-13	5.3	
A. USUAL OCCUPATION (Give kind of work 10B, KIND ine during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	Gypsum Co.	Maryland		USA
FATHERS NAME		14. MOTHERS MAIDEN NAM		
George A. LeCom	pte		Kattie K	nefely
. Was Deceased Ever in U. S. Armed Forces? es,na_arunknawn)(If yes, give war ar dates af service	1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	214-07-8333	Mrs. Norma B. Le	Compte	(Same)
18. / 5 / V I	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		,,		ONSET AND DEATH
LEADING TO DEATH	(A) He	morraue + He	batic day	i also.
(This does not mean the made of dying, e.	g., DUE TO	0	- Jacob - Jacob	
heart failure, asthenia, etc. It means the diseas injury ar complication which coused death.)	.8,	2 ( 01	1	
ANTECEDENT CAUSES	(B)	A of Stoma	ich.	
DISEASES OR CONDITIONS, if ony, givin	DUE TO			
rise to the above cause (A) stating th	ne (C) /7	lepatic Met	astasis	
UNDERLYING CONDITION last.		/		
, II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 12	R WHICH OPERATION	[20A. AUTOPSY? (Yes or No)]	200 IS WES WIERE S	INDINGS CONSIDERED
WAS PERFORMED	K WHICH OFEKATION	LUAL AUTOPST: (Tes of Ho)	IN CERTIFYING CAU	ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	1B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	ame, form, foctory, street, of	fice bldg., INJURY OCCUR?	til in sommore	ony, give exoci loculum
21 D. TIME (Manth) (Day) (Year) (Haur) 2				
OF INJURY	1E INJURY OCCURRED  While At  Not While	21 F. HOW DID INJU	RY OCCUR?	
	Vark At Wark	e	- E	,
22. I certify that (\$) (this hospital) attended	the deceased from	9/30 19	66 to	10/4 1960
that (1) ( lost sow the deceased alive or	00 1101	la la	in(my) (our) opin	ion death occurred on the do
ond hour and from the couses stated above.	/ / /		(), (00., 0p	non deciment of the no
23A. SIGNATURE	(1) (11d) (01d 1101) V	Tew the body offer deoffi.		23B. DATE SIGNED
GO DIM	M.D. Atte	ending Med. S	toff	23th DATE SIGNED
A field	Phy	s. Director P	hy s.	10/4/66,
23C. PHYSICIAN'S NAME (Type)	X	23D. ADDRESS		,
Fritz Abollion.	) M.D.	Sinai Ho	bilde	
A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	y, tawn, ar county) (State)
Burial 10/7/66.	Woodlawn Ceme	terv	Baltimo	re. Md.
	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
OCT 4 1966 (P.D.	R. Q FAD. MS	Leonard J. Rue	ek Inc. Balt	Md. 21214
\$ 150-REV. 1/1/65	A C MANAGE	19990	- 542	
	10	1 6 6 10		

Course 1. Le Receip Contract Con

White the party of their the party are

a hospital and

	00 00000		BALTIMORE CITY	HEALTH DEPARTMEN	•	66 09987
BIRTH NO.	66 09987		CERTIFICA	TE OF DEATH	Registered Na	. 00 03367
M.E. CASE NO.	ASED			2. DATE	AND HOUR OF DEATH	1 _ 1
Type or Print)	arken W. Sin	ghass			10/1/66 7	p.m. / /.
	TH IN BALTIMORE, MA				Where deceased lived, If OUNTY	institution: residence before admissi
HOSPITAL OR	(If not in hospital address or location		give sheet	A STATE OF THE PARTY OF THE PAR	fautside city limits, write	RURAL and give Jownship)
INSTITUTION	100	-		Baltimon		
2012 (	natham Ave. B	-1+ 21	2077	D. STREET ADDRESS	(If jurd, give location)	3
2712 01	le chiam vac.	STIP AT	207	203.2 Chathan	Ann	
S, SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Ve. If Under 24 H
, 32,			D, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
М	White	Marr	ied	11/23/1908	57	
	PATION (Give kind of work rorking life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	t-chauffeur	Tran	sfer Co.	Baltimore		U.S.A.
3. FATHER'S NAM	LE .			14. MOTHER'S MAIDEN	NAME	Uebere
				30 A		
Jacob Sir		9	11 / 20 71 11	Mary Grant		ADDRESS
5. Was Deceased Ever in U. S. 'Armed Forces?' Yes, no or unknown) (If yes, give war or dates of sen		n) (If yes, give wor or dotes of service) SECURITY NO.		17, INFORMANT	· · · · · · · · · · · · · · · · · · ·	ADDRESS .
Jes:	W.W. II		216-01-6901	Mrs. Gwende	olyn Singhass	-3913 Chatham Ave.
1B. 1 44 4	. V 1		CAUSE O			INTERVAL BETWEEN
DISEAS	E OR CONDITION DIE	ECTLY			7	ONSET AND DEATH
	LEADING TO DEATH		(A)	Carles	nous on	
	ol mean the made al		DUE TO	CALLED	······································	
	olicatian which caused			Covera		7. 7
A	NTECEDENT CAUSES		(B)			3 yn. 3m
DISEASES	R CONDITIONS, il	ony civino	DUE TO			
	abave cause (A)					
UNDERLYING	CONDITION last.		direkviliris samila vikriyen alada dilenia iskan	rite a siprira a ra a a a a a a a a a a a a a a a	, m	
	II				. 1	
	ATH BUT NOT RELA		G Sold and	arterio sel	atic los	1-1- 111
	ONDITION CAUSING	T.	it suppre	ar with the	errue wer	Occurse 11 yrs
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A, AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
				10		
OR CONTRIBU	TING CAUSE OF	218	B. PLACE OF INJURY (e.g., in	fice bldg. INJURY OCCU	D (If in Boltimo	ore City, give exact location)
DEATH (notify	medical examiner)	etc.				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			nile At Not Whil			
(APPROX.)		Wo		1		
22. I certify	that (I) (this haspital	) attended t	the deceased from	0/28	1963 to	19
that (I) (we)	last saw the decease	d alive an.	9/16	19.66 on	d that in (my) (	oinian death accurred an the d
and hour and	from the causes stat	ed abave. (	1) (did nat) v			
23A. SIGNATU		/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7		23B, DATE SIGNED
/	Phlym	Yon	Phy	Account the same of the same o	Stoff Phys.	10/3/66
23C. PHYSICIAL	N'S pel			23D. ADDRESS		. / . /
Dec	Robert Char	here	M.D.	836 P. ark	Avenue	. Balt. 21201
AA. BURIAL CREA	AATION, 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24		City, town, or county) (State

1966 VS 150-REV. 1/1/65

10/5/66 Loudon Park Cemetery
258. NAME OF REGISTRAR

Policif E. Falleuma 3801 Frederick Ave. Balt. 29, Md. Burial 2SA. DATE REC'D BY

Loring Byers-8728 Liberty Rd. Randallstown

THE THE STATE OF T

\*\*\* Fig. 315 5165

And the state of t

The sedicity F.T.Communication of the sedicity of the sedicity

10511 . Her . 514 . 144015 . 11 . 21 200

ur. Fobers Mendeman

10/5/45 Williams Today Sentence To 255 Technicals and July 101

TO REPORT OF THE PARTY OF THE P

9 6



William Cind

tet M Mi

good IANG

GALTO

Laws Rosens De

5-17-12 54

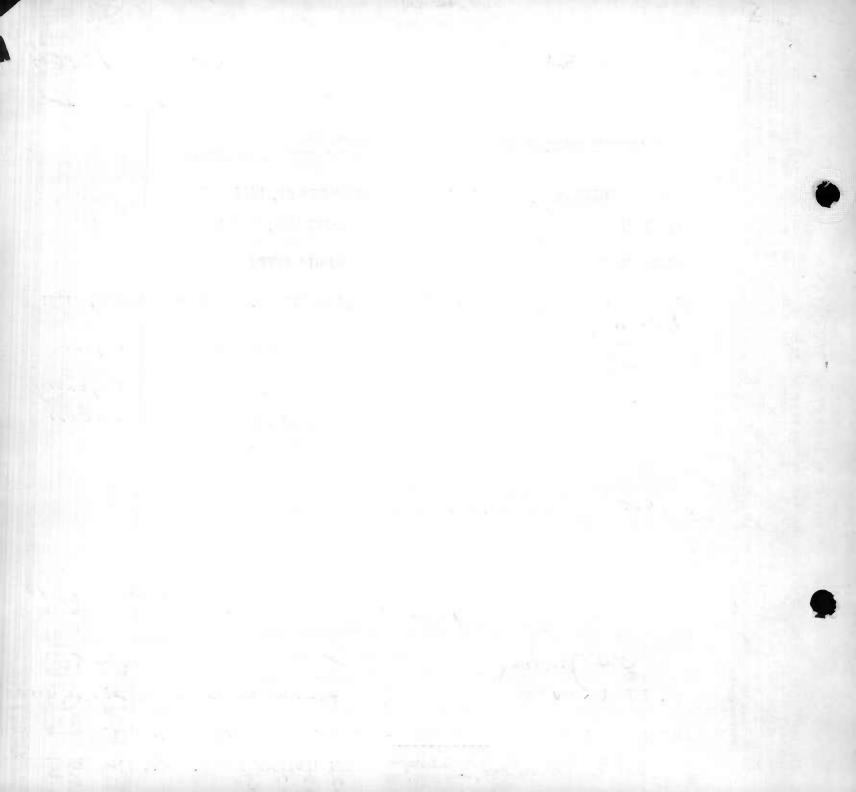
bearder helf English .

Progetinghe Lorence Schman 2 /2 gr m

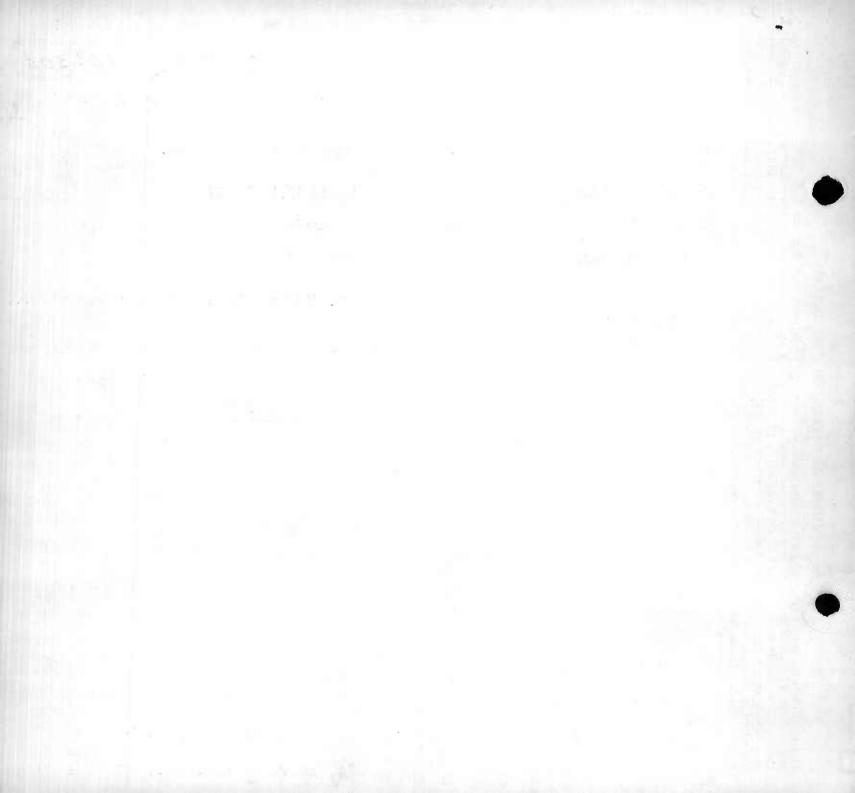
3.45

1 10

0

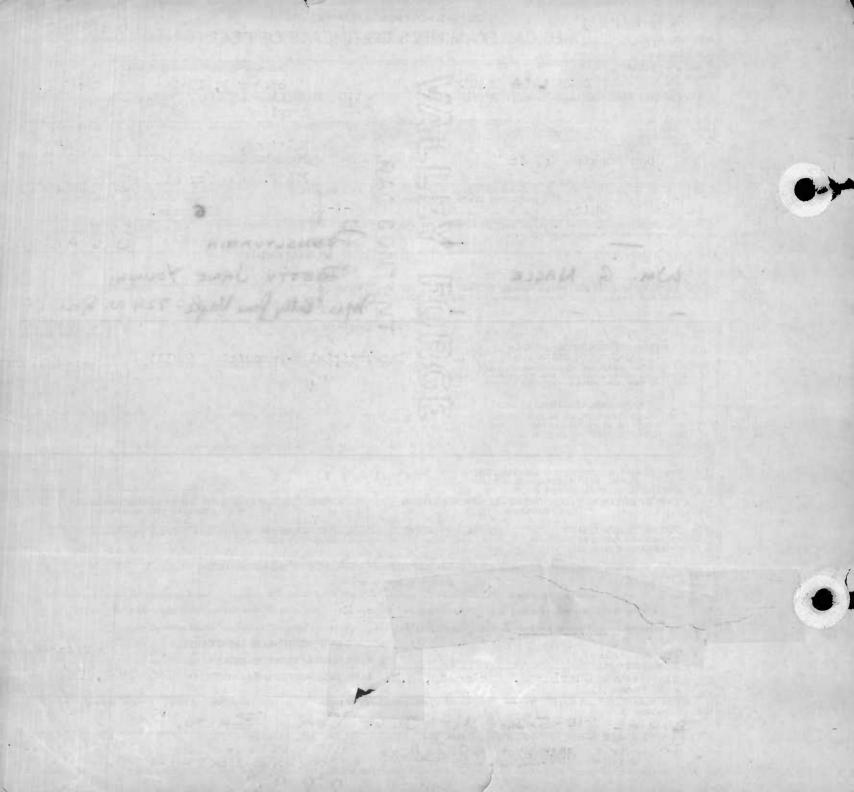






N		2	40
/ '	1		10

66 09994  BIRTH NO. PENNEYBONIA MEDICAL EXAMINER'S C	KK 1999/
M.E. CASE NO.	
1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
DAWN LISA NAGLE	October 2, 1966 10:22 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
33/11	Baltimore
John Hopkins Hospital (DOA	D. STREET ADDRESS (If rurol, give locoson)
5. SEX 6. RACE 7. MARRIED. NEVER MARRIED	724 N. Rose Street    B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	lost birthdoy) Months, Doys, Hours, Min.
Female White	6-2-65 16 mths.
10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	TENNSLYVANIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WM. G. NAGLE	BETTY JANE YOUNG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Mrs. Betty Jane Wagle - 724 N. Rose St.
IB. CAUS	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	erstitial pneumonitis (SDII)
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
Ó II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes
✓ 21 A, EXTERNAL CAUSE WAS     ✓ UNDERLYING OR CONTRIB-     ✓ UNDERLYING OR CONTRIB-     ✓ 21 B, PLACE OF INJURY (e.g., home, form, foctory, street, property)	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB-	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE
22.	WORK L
I certify that I held on Inquiry Inspection Au	and that an this basis, deoth in my opinion
resulted fram: Natural couses X Accident Sulcio	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Charles J. Tata M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	O-+-1 2 10//
NAME (Type)	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	
BURIAL 10-5-66 MT. OLI	
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
OCT 5 1966 Robert E. Larbey M.	1 Hatherilla - 2334 Vollerum DR
V\$ 151-REV. 1/1/65	Thomas blance



further fire or bearing

NUTRELIAL POSTOPPERATIVE

SIGNACTION DESCRIPTION

BURDING DURDENAL DUCES

Must

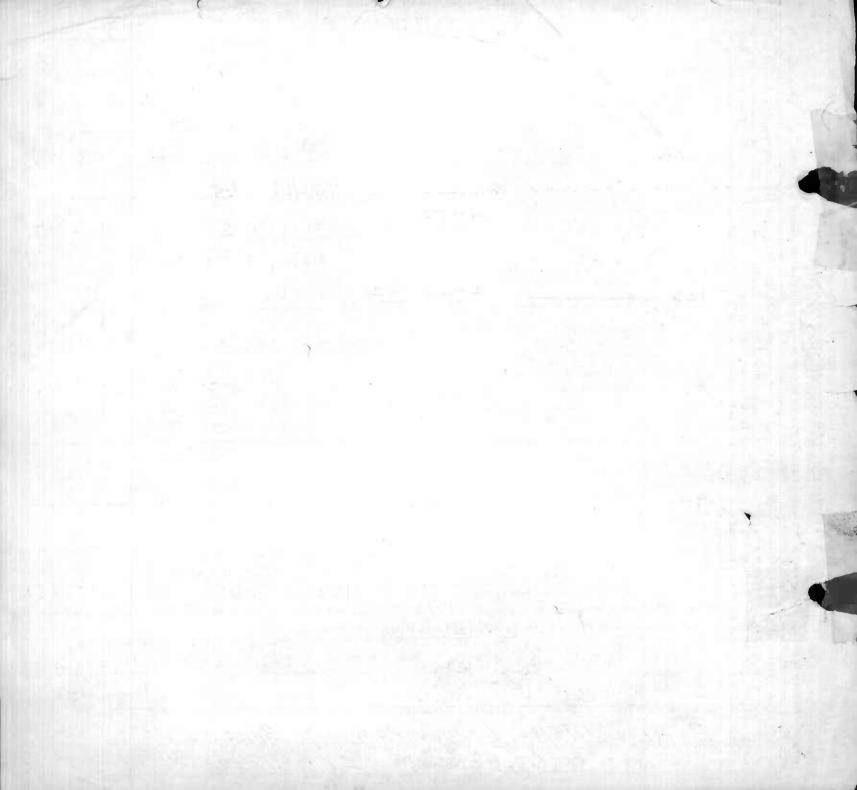
TEST MENTS OF THE STATE OF

LEADING TO BE THE STATE OF THE PARTY OF THE

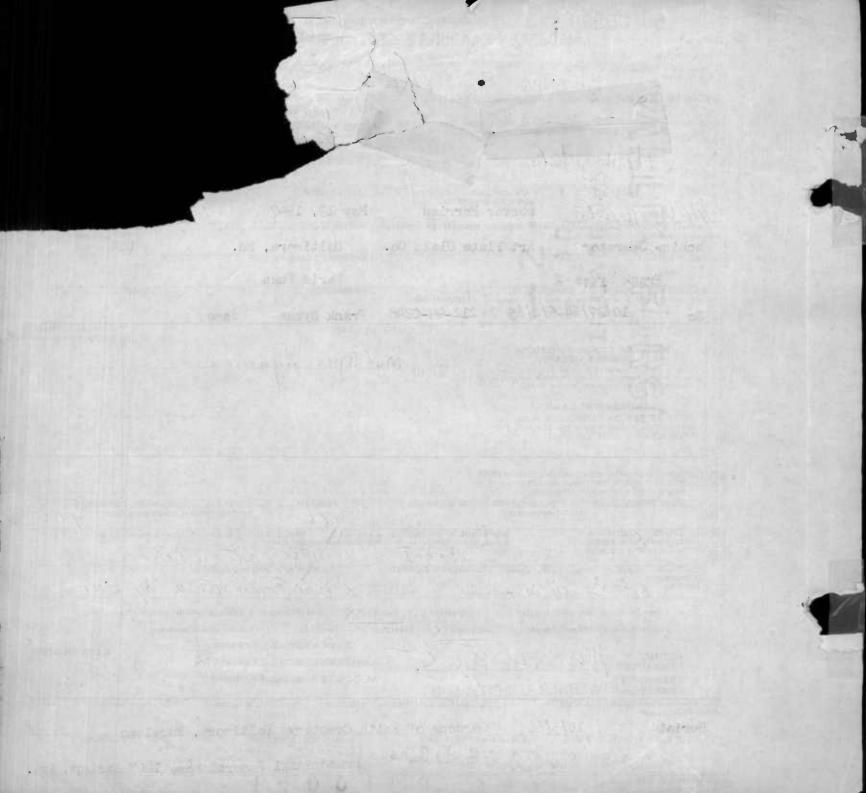
2]	BALTIMORE CITY HEA	ALTH DEPARTMENT	0	0.0000
BIRTH NO. 66 0996  M.E. CASE NO.  T.NAME OF DECEASED	CERTIFICATE	OF DEATH X	Registered Na. 6	6 09996
TINAME OF DECEASED  (Type or Pich)  TINAME OF DECEASED  (Type or Pich)  TINAME OF DECEASED  (Type or Pich)	STEWART.	Oct	HOUR OF DEATH	14:00 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN  FULL NAME OF (If not in hospital or inst oddress or locotion) INSTITUTION	itution, give street	MI) SEN	e city limits, write RURA	Anne Atunde
25 UNIVERSITY HOSE	+ ÷ .	STREET ADDRESS (If turo	Box B	- SEVERNS 1
5. SEX   6. RACE   7, M.	ARRIED, NEVER MARRIED 8. D.	ATE OF BIRTH 9.	AGE (In years If	heese Koad
MW	DOWED, DIVORCED (specily)	6/22/09	t birthdoy) Mo	Under 1 Yr. If Under 24 Hrs. nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, K done during most of working life, even if refired)  Shop Clack	to Pagines Or INDUSTRY 11.	Md.	country) / 12.	WHAT COUNTRY?
JOSOPH M SIEG	will -	MOTHER'S MAIDEN NAME	Pholps.	
15. Was Deeposed Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give war or dates at s	ervice) 16. SOCIAL SECURITY NO.	S- Houta Mays	(sister)	Same As#2
18. 4 2 0 1 I DISEASE OR CONDITION DIRECTL	CAUSE OF DE	ATH		INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dying heart follure, ostheria, etc. It meons the d	isease,	CSELERCTE	Control of the control of	
injury or complication which caused death ANTECEDENT CAUSES	(B) (ECCTO	Myachell	AL	3 1,12
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statin UNDERLYING CONDITION last.	g the (C)	RICLIENTE TO	chijavdus	L C min
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or chame, form, loctory, street, office betc.)	bldg., INJURY OCCUR?	(II in Boltimore City	, give exact location)
21D. TIME (Month) (Doy) (Year) -(Hou of INJURY (APPROX.)	While At At Work	21F. HOW DID INJUR	Y OCCUR?	
22. I certify that (b) (this hospital) attental (we) last saw the deceased oli	/ ~ ~ /	1 ,	In (my) (aur) apinian	death accurred an the dat
and haur and fram the causes stated at 23A. SIGN ATURE	ave. (1) (We) (did) (did nat) view	the bady after death.		DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	Phys. 23D.	Med. Director Ph	ys. D	Let 4, 18 66
Dr. Ann Robinson 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME OF CEMETERY OF CREMAT	ORY 24D. LOC	ATION (City, to	wn, or county) (Stote)
12 urial Oct-7/66	Friendship C	THE TELL AND THE STORE TO RESTORE	ne Arunde	Co. Marylan (
OCT 5 1966 OLD	A "" A / .	Plaington	Glen	Burnie, Md.
/S 150-REV. 1/1/65		14 /11/11		

- 125 miles 21 copy to 11 Sternard 24 H DIENE Sand Sand plantic Browning CIL 3 lec Gerya supportuition Warthon ל בומירים ומוני "ומרו, והוכלום 13.3

0 610	1 1	BALTIMORE CITY HEALTH DEPARTMENT ) 32-71-46
5 7570	e   -	CERTIFICATE OF DEATH
anceath		LE CASE NO.  NAME OF DECEASED  [2, DATE AND HOUR OF DEATH
-000	(T	(Pe of Print) GROVE, RICHARD, William PO[2/66 830] Am.
D o it	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decapsed lived. If institution: residence before admission)
hospit ise of (5) De ance	100	4/40 12 2
da C	5	FULL NAME OF (If not in haspital or institution, give street oddress or lacotion)  NSTITUTION  (If outside city limits, write RURAL ond give township)
CO	2	University Hospital Bactimore :29
in But	0	D. SIKEEL ADDRESS III 10101, 914 10 COLINIA
d tie	9	206 MALLOW HILL KOAD.
in i	2 2	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. WIDQWED, DIVORCED (specify) 1   last, birthday) Months; Days Hours; Min.
occu ontri ermi	is m	MALE CHUCASIAN MARRIED. 1/24/01 64
4000	0 10	A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	100	SALES SENTER TUNITARIEN MARY MANO U.S. A
P D S	0 0 13	FATHER'S NAME
F = 56 > 3	do d	Thomas GROVE MARY ANDERSOW.
ZEP	15	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
TA Tist	שם	VES un Known) (If yes, give war or dates of service) 2 SECURITY NO392/ admission Record.
IMPORTAN r his assistan Niso, if the d	E #	18. CAUSE OF DEATH INTERVAL BETWEEN
d is	0	DISEASE OR CONDITION DIRECTLY
A de la serie	Per	LEADING TO DEATH (A) HE partie coma. 10 days
0 4 5 5	2 -	(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,
R ne	5 5	injuly at camplication which caused death,)
Trin o	0 0	ANTECEDENT CAUSES  (B)  DUE TO
X X X X X X X X X X X X X X X X X X X	0 0	DISEASES OR CONDITIONS, if any, giving
DIRECTOR cal examine s; (3) A fract	13.0	rise to the above cause (A) stating the (C) UNDERLYING CONDITION tast.
D Dico	Mair Mair	
AL Dedications	an II.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
UNERAL  c chief mec by a medi ) Body bur	he rer	
A side of	1 + H	MAS PERFORMEDO IN CERTIFYING CAUSES OF DEATH?
D O O O	fore	21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimare City, give exact location)
4 4 2 2 2 2	0 of 0	21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR?
× 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	73 6	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
P S S S S S S S S S S S S S S S S S S S	Den Ded	
7 0 0	B .E	(APPROX) Work At Work
	o d	22. I certify that (I) (this hospital) oftended the deceosed from 4/22 19 (06 to 2 19 66.
0000	be.	that (1) (ve) lost saw the decessed alive on 10/2 and that in (my) (our) opinion death occurred an the date
st be used ent ent		ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.
ust k ease iden hosp	must	23A. SIGNATURE
- Pele		The R. Stoff Director   Stoff Phys.   90   2   6 6
s re	0 0	23C. PHYSICIAN'S NAME (Type)
certificate must body was releas vs: (1) An accide	approval	TRED K. Zilber M.D. University Hospital.
# <u>\$</u> 8	24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
0.00 ()	9 0	BURIAL 10/5/66 LOUDON PARK BALTO, Md.
This certi the body shows: (1	Despessor Despes	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
± ± 5 3 4	5 ≥	OCT 5 1966 Polyub E. Farleyma E.S. MACNABB 361 FREDERICK Rd
	VS	150-REV. 1/1/65 A 2/225



MEDICAL EXAMINER'S CEPTIFICATE	
MAR CASE NO	
M.E. CASE NO.	
(Type or Print) Joseph F. SYKES	
3. PLACE IN BALTY TORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STIPLET C. CITY O TOWN	
3/ City Hospitals D. STREET ADD	
3077	
5. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED(specify)  10st birth	
While While Never Married May 19, 1947	
10A, USUAL OCCUPATION (Give kind of work   0B. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE   total or loreign country) done during most of working life, even if retired)	WHAT COUNTRY?
Machine Operator Art Plate Glass Co. Baltimore, Md.	USA
Frank Sykes Marie Fuka	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	ADDRESS
- did 10/27/64 6/2/65 232 th 02/10 2	
No the IO/2/104-0/2/0) 212-44-0240 Frank Sykes Same	INTERVAL BETWEE
	ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying e.g., heart foilure, osthenio, etc. It means the disease,	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OTHER DEATH BUILDING TO THE	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.    19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No!   20B. IF YES, WERE FIND	INGS CONSIDERED
WAS PERFORMED	
21A, EXTERNAL/CAUSE WAS 21B, PLACE OF INJURY (e.g., in ar about 21C, WHERE DID (If in Baltimare City, give	
OUNDERLYING FOR CONTRIB- home, farm, foctory, street, affice bidg., INJURY OCCUR?	. A series
31 FEET 1800 Caster is Det	rec.
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	1,0
(APPROX.) Oct 2 66 200 Am. WHILE AT   NOT WHILE X Pedes Fran Struck.	sy car
I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my	apinian
ACTUAL MIAA 1 STOCKETANT MEDICAL EXAMINER TO	DATE SIGNED
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER IS	town
EXAMINER'S WERNER U. SPITZ M.D. ASSOCIATE MEDICAL EXAMINER	ct 2 11 66
	own, or county) (State)
REMOVAL (Specily)	
Burial 10/5/66 Gardens of Faith Cometery Baltimore, Mary	rland
	ADDRESS
OCT 5 1966 Robert E. Farbert Bruzdzinski Funeral Home ]	HOR Eschare
OU 5 1900 (Collect E. Cattorian Bruzdzinski Funeral Home )	



a 11370 THE LINES PRESENT PROPERTY SHETMENTS 33AD RUD CALLERT ST. CARTHMETHON 4210 SARMINGER AVE. 27 -51-18-10 USHINGHA BILLIAN PA MAGNARO CAPT. FRE REPT. CUZABETH PAUL HERMAN CUISSIANT ALYCCARDAL INTERCTION CONNESTIVE HEMET HAILURG

160

CCT. 4 CO. 1958 D. 10 CO. 14

the East Space of a

